



**PAYCHEX
DIRECT DEPOSIT AUTHORIZATION**

If this is a new or additional account, you must:

- 1) Already have the account set up at your bank
- 2) Find out if your bank accepts direct deposits and verify their transit number and your account number
- 3) Be sure to complete all sections, and sign the bottom of this form.
 - a. Please include either a voided check, or an official letter of authorization from your bank indicating direct deposit routing/transit numbers before submitting. **Savings account deposit slips are not accepted;**
 - b. Any unsigned or incomplete form, or any form submitted without a voided check/authorized bank letter **will not** be approved for direct deposit.

Please complete all sections below to receive Direct Deposit

- New/Additional Account _____
- Change Existing Account _____

EMPLOYEE - REQUIRED INFORMATION:

Please Print

Employee Name: _____ **Social Security No:** _____ - _____

COMPLETE FOR DIRECT DEPOSIT

I would like my wages/salary deposited into the following bank account(s):

Bank Account #1	Bank Account #2
Bank Name: _____ I wish to deposit (CHECK ONE): <input type="checkbox"/> Entire Net Pay: <input type="checkbox"/> % of Net Pay: _____ % <input type="checkbox"/> Specific \$ Amt of Net Pay: \$ _____	Bank Name: _____ I wish to deposit (CHECK ONE): <input type="checkbox"/> Entire Net Pay: <input type="checkbox"/> % of Net Pay: _____ % <input type="checkbox"/> Specific \$ Amt of Net Pay: \$ _____
Check and submit one of the following: Voiced Check <input type="checkbox"/> *Bank Letter <input type="checkbox"/>	Check and submit one of the following: Voiced Check <input type="checkbox"/> *Bank Letter <input type="checkbox"/>
<i>*See your local bank representative for an official letter of authorization.</i>	

- I authorize OtterBase, Inc and the bank listed above to deposit my net pay or portion thereof as indicated above into my account each payday.
- If funds to which I am not entitled are deposited into my account, I authorize OtterBase, Inc to direct the bank to return said funds.

Employee Signature

Name (Printed)

Date: