



## Direct Deposit Authorization Form

Company ID# : \_\_\_\_\_ Company Name : \_\_\_\_\_

Employee ID# : \_\_\_\_\_ Employee Name : \_\_\_\_\_

Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

| A/D/C                    | Priority                 | Checking Transit Number  | Personal Account Number (s) | % / F | Amt / Net |
|--------------------------|--------------------------|--------------------------|-----------------------------|-------|-----------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | _____ | _____     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | _____ | _____     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | _____ | _____     |

| A/D/C                    | Priority                 | Savings Transit Number   | Personal Account Number (s) | % / F | Amt / Net |
|--------------------------|--------------------------|--------------------------|-----------------------------|-------|-----------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | _____ | _____     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | _____ | _____     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | _____ | _____     |

\*\*\* Include Appropriate Voided Check \*\*\*

I authorize Harpers Data Services, Inc. and the financial institution above  
to initiate EFT transactions as instructed above

Employee Signature : \_\_\_\_\_