



Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize the company to initiate automatic deposits to my account at the financial institution named below. I also authorize the company to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold the company responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until the company receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Direct Deposit information can be updated on the Dayforce Self-Service website: www.dayforcehcm.com

Employee Name (Please print): _____

Account Information

Along with this form, please provide a voided check or pre-prepared document from your banking institution.

Financial Institution: _____

Routing/Transit # (9 digits): ____ ____ ____ ____ ____ ____ ____ ____ ____ | Checking ____ Savings ____

Account Number: _____

I wish to deposit \$ _____ per pay, or ____ entire net amount of pay.

Financial Institution: _____

Routing/Transit # (9 digits): ____ ____ ____ ____ ____ ____ ____ ____ ____ | Checking ____ Savings ____

Account Number: _____

I wish to deposit \$ _____ per pay, or ____ entire net amount of pay.

Signature

Authorized Signature (Primary): _____

Printed Name (Primary): _____ Date: _____

Authorized Signature (Joint): _____

Printed Name (Primary): _____ Date: _____

Authorized Signature (Parent or Guardian if Under 18): _____

Printed Name (Guardian): _____ Date: _____