

Direct Deposit Authorization

Wells Fargo ExpressPaySM

WELLS
FARGO

Please attach a voided check with this agreement. Deposit slips are not accepted.

1. Employee Information

Last Name	First Name	MI
Social Security Number		

2. Bank Information

Bank Name	Account Type
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Routing/Transit Number. <i>These are the nine digits to the left of your account number on the bottom of your check (must begin with 0, 1, 2, or 3).</i>	
Account Number	
Amount to be deposited (select either percentage or dollar amount)	
<input type="checkbox"/> Percentage. Please specify: _____ %	<input type="checkbox"/> Dollar amount. Please specify: \$ _____

3. Bank Information, additional

Bank Name	Account Type
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Routing/Transit Number. <i>These are the nine digits to the left of your account number on the bottom of your check (must begin with 0, 1, 2, or 3).</i>	
Account Number	
Amount to be deposited (select either percentage or dollar amount)	
<input type="checkbox"/> Percentage. Please specify: _____ %	<input type="checkbox"/> Dollar amount. Please specify: \$ _____

4. Authorization Agreement for Direct Deposit

I authorize my employer to make deposits to my account. In the unlikely event of a deposit error, I authorize my employer to make adjustments to correct the error.

Signature	Date
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*Please attach a voided check with this agreement. Deposit slips are not accepted.