

DIRECT DEPOSIT AUTHORIZATION

On-Site Employers Name: _____ **Date:** _____

Employee Name: _____ **SSN:** _____

_____ *This is a new request*

_____ *This is an updated Direct Deposit Authorization request*

FIRST ACCOUNT DIRECT DEPOSIT:

_____ Checking _____ Savings

_____ Financial Institution

_____ City

_____ State

_____ Account Number

_____ Transit/Routing Number

_____ Percentage _____ %

_____ Dollar Amt. \$ _____

SECOND ACCOUNT DIRECT DEPOSIT:

_____ Checking _____ Savings

_____ Financial Institution

_____ City

_____ State

_____ Account Number

_____ Transit/Routing Number

_____ Percentage _____ %

_____ Dollar Amt. \$ _____

_____ Remainder \$ _____

I authorize co-employer to deposit all paychecks automatically to my account as specified above. Adjusting entries to correct errors is also authorized. This authority will remain in effect until I cancel it in writing.

_____ Employee Signature

_____ Date

NOTE: ROUTING NUMBERS AND VOIDED CHECKS ARE REQUIRED! YOUR REQUEST WITH NOT BE PROCESSED WITHOUT THIS INFORMATION.

Send To: American Admin Corporate Offices
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