



DIRECT DEPOSIT AGREEMENT FORM

EMPLOYEE INFORMATION

Name: _____ Employee ID Number (if applicable): _____

Email Address: _____

AUTHORIZATION AGREEMENT

I hereby authorize _____ to initiate automatic deposits to my account(s) at Bankmobile.
Company Name

I also authorize _____ to make withdrawals from this account in the event that a credit
Company Name
entry is made in error.

Further, I agree not to hold _____ responsible for any delay or loss of funds due to
Company Name
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 _____ receives a written notice of
Company Name
cancellation from me or my financial institution, or until I submit a new direct deposit form to the
Payroll Department.

ACCOUNT INFORMATION

Financial Institution	Account Number	Routing Number	Amount (% of paycheck)	Account Type
Bankmobile	_____	021914078	_____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Bankmobile	_____	021914078	_____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

Your payroll department may require a voided check.
A starter kit of checks will be mailed to you with your debit card.

** Please forward this to your Payroll Department **