Direct Deposit Authorization

I authorize Strovis Payroll to deposit my pay automatically to the account(s) indicated below and, if necessary, to adjust or reverse a deposit for any payroll entry made to my account in error. This authorization will remain in effect until I cancel it in writing.

Print Full Name: _____

Address: _____

City, State, Zip: _____

Note: Please enter your bank routing and account numbers of your checking account in the boxes provided, as well as, attach a voided check. See example of numbers on the lower portion of the check sample.
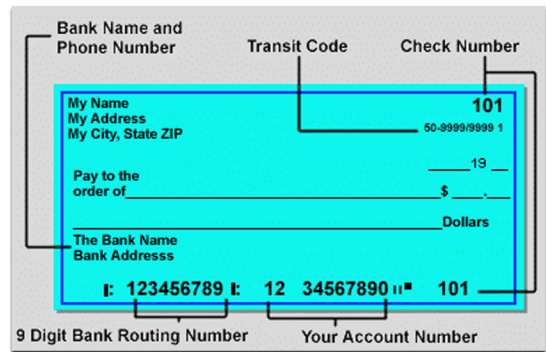
Bank 1:

Name of Bank: _____

Bank Account #: _____

9-Digit Bank Routing #: _____

Amount: $ _____ OR % _____ OR ☐ Entire Paycheck

Type of Account: ☐ Checking OR ☐ Savings

Balance of Pay to: ☐ Manual (Paper) Check OR ☐ Account Described Below:

Bank 2:

Name of Bank: _____

Bank Account #: _____

9-Digit Bank Routing #: _____

Type of Account:
Checking
Savings

Please attach a voided check for each bank account to which funds should be deposited.

Employee Signature: _____

Date: _____

Up to four banks may be listed, please use additional sheets.