

Direct Deposit Authorization Form

I authorize Delta Electrical and Controls Inc 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 and in such time as to afford a reasonable opportunity to act on it.

Name on bank account: _____

Bank account number: _____

Checking _____

Savings _____

Bank routing number: _____

Amount: \$ _____ or entire paycheck: _____

***Balance of pay to:**

_____ Manual (paper check)

_____ Account described below

***Note:** Split payments are not available for contractors.

Name on bank account: _____ Bank
account number: _____

Checking Savings Bank routing number: _____

****Important:** Please attach a voided check for each bank account to which funds should be deposited**

Employee Signature: _____

Date: _____

Payers: Do not send this form with your Direct Deposit enrollment. Keep for your records.