



# Direct Deposit Worksheet

Employee Name: \_\_\_\_\_

Account One

Bank Name
Bank Address
Bank City, State & Zip
Routing & Transit Number 9 digits
Account Number

Savings

Checking

\$ \_\_\_\_\_  
OR  
\_\_\_\_\_ %

For full net, indicate 100%

Attach Voided Check Here  
(Deposit Slip if Savings)  
Label it 1

Account Two

Bank Name
Bank Address
Bank City, State & Zip
Routing & Transit Number 9 digits
Account Number

Savings

Checking

\$ \_\_\_\_\_  
OR  
\_\_\_\_\_ %

For full net, indicate 100%

Attach Voided Check Here  
(Deposit Slip if Savings)  
Label it 2

Account Three

Bank Name
Bank Address
Bank City, State & Zip
Routing & Transit Number 9 digits
Account Number

Savings

Checking

\$ \_\_\_\_\_  
OR  
\_\_\_\_\_ %

For full net, indicate 100%

Attach Voided Check Here  
(Deposit Slip if Savings)  
Label it 3

I authorize Paycor, Inc., acting on behalf of my employer, to initiate electronic credit entries and, if necessary, debit entries to reverse erroneous credit entries to my account(s). It is agreed that these deposits will be made in accordance with the rules of the National Automated Clearing House Association (NACHA). This authorization will remain in effect until Paycor, Inc., has received written notification from me of its termination in such time and in such a manner as to afford Paycor, Inc. and the bank a reasonable opportunity to act upon the termination request.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

To be retained by Employer.

Keep in your employee files.

This form may be photocopied.