



Direct Deposit Authorization

Employer: _____

I hereby authorize my employer to directly deposit my pay in the bank account listed below. I have attached a voided check for the account specified below. This authorization is to remain in force until the company has received written authorization from me of its termination or change.

Also, I grant Majestic Payroll the right to correct any Direct Deposit resulting from an erroneous overpayment by debiting my account to the extent of such overpayment.

Name: _____

Address: _____

Telephone: _____

Signature: _____ Date: _____

Email: _____

Account: Checking _____ Savings _____ **(Check only one)**

Percent of pay to be deposited into this account: _____ %
(If more than one account is designated, please use additional form)

***ATTACH VOIDED
CHECK HERE***

BIG ENOUGH TO SERVE, SMALL ENOUGH TO CARE!

801-732-1090 4630 S. 3500 W. Ste 2, West Haven, UT 84401 Fax (888-432-9338) www.majesticpayroll.com