Direct Deposit Authorization Form

Employer Name	
Employee Name	SSN

Direct Deposit #1 Circle One: Checking Savings Bank Name _____ Routing # _____ Account # _____	Specify One: _____% of Net Pay $_____ of Net Pay
Direct Deposit #2 Circle One: Checking Savings Bank Name _____ Routing # _____ Account # _____	Specify One: _____% of Net Pay $_____ of Net Pay
Direct Deposit #3 Circle One: Checking Savings Bank Name _____ Routing # _____ Account # _____	Specify One: _____% of Net Pay $_____ of Net Pay

I authorize ExcelPay, on behalf of my employer, to direct deposit funds to my account(s) at the financial institution(s) listed above each pay period. If funds to which I am NOT entitled are deposited in my account(s), I authorize ExcelPay to initiate a debiting entry to collect any overpayments.

Employee Signature: _____ Date: _____

To ensure accuracy, please attach a voided check or a copy of a check for each financial institution.
Important Note: Deposit tickets generally are not imprinted with the bank's required external ACH routing number and can NOT be used for setting up an employee pay check direct deposit.

Attach here a copy of a **VOIDED CHECK**
with your bank's ACH routing number.

ExcelPay Payroll Rep Direct Fax Numbers

Julie @ 678-388-1242, Ellen @ 678-388-1243

Brad @ 678-388-1503, Ladka @ 678-790-5232