



DIRECT DEPOSIT

DIRECT DEPOSIT AUTHORIZATION New Change Cancel

EMPLOYEE NAME: _____ DEPT: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____

PLEASE ATTACH A VOIDED CHECK OR SPEC SHEET FROM THE BANK

CHECKING Account Number _____ Amount \$ _____
Routing Number _____
Bank Name _____

SAVINGS Account Number _____ Amount \$ _____
Routing Number _____
Bank Name _____

*****PRENOTE: IT WILL TAKE TWO PAY PERIODS BEFORE YOU WILL GET DIRECT DEPOSIT. YOU WILL RECEIVE A LIVE CHECK UNTIL DIRECT DEPOSIT TAKES PLACE. AFTER DIRECT DEPOSIT TAKES PLACE YOU WILL RECEIVE A CHECK WITH A ZERO NET.**

Employees have the option of splitting their check between checking and savings. Money Market accounts may or may not accept direct deposit. It is the employee's responsibility to check with their bank first before submitting these account numbers.

I authorize Dalrada Financial to make deposits to the Bank account named above. In the unlikely event of a deposit error, I authorize Dalrada. to make adjustments to correct the error.

Signature: _____ Date: _____

PAYROLL ONLY	
Prenote	___/___/___
Wait	
Checking	* Savings
___/___/___	___/___/___