# Direct Deposit Authorization Form

I authorize Whitehawk Worldwide 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.

Please attach a voided check for each bank account to which funds should be deposited.

Print Full Name: _____

Address: _____

City, State, Zip: _____
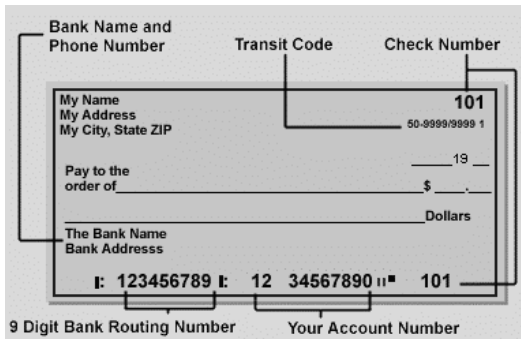
Please enter the ABA bank routing and account numbers for your checking account as well as attach a voided check. See the example to the left for where these numbers are located on the lower portion of the check sample.

CHECKING DEPOSIT   Bank name _____

ABA Bank Routing # _____ Bank Account # _____

I wish to deposit to checking: ☐ a flat amount of $_____.00 ☐ _____% of my net pay
☐ My entire net pay

SAVINGS DEPOSIT   Bank name _____

ABA Bank Routing # _____ Bank Account # _____

I wish to deposit to savings: ☐ a flat amount of $_____.00 ☐ _____% of my net pay
☐ My entire net pay

OTHER ACCOUNT   Bank name _____

ABA Bank Routing # _____ Bank Account # _____

I wish to deposit to: ☐ Checking   ☐ a flat amount of $_____.00
☐ Savings   ☐ _____% of my net pay
☐ My entire net pay

NOTE: Savings and Credit Union accounts may use different ABA and/or Account Numbers for ACH transactions. It is each employee's responsibility to call their bank and acquire the correct information for initiating direct deposits into such accounts.

I understand I am responsible for confirming that my pay has been properly deposited each payroll. No transactions will be initiated against those funds until that confirmation has been made. Any Non-Sufficient Funds charges that occur because I have failed to abide by this will be my responsibility.

Employee Signature: _____ Date: _____