

Direct Deposit Authorization: Employee

I authorize Integrated Business Services 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

Name on bank account:

Name of bank: _____

Bank account number: _____ Checking or Savings

Bank routing number: _____

Amount: \$ _____ or entire paycheck

Balance of pay to:

Manual (paper) check

Account described below

Name on bank account: _____

Name of bank: _____

Bank account number: _____ Checking or Savings

Bank routing number: _____

Attach Check Here

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

Employee signature: _____

Date: _____

Fax completed form to _____



P: 888-236-8016

F: 408-904-7209