



## **AUTHORIZATION FOR DIRECT DEPOSIT**

Complete this form for each employee or contractor electing direct deposit.

**Employer Name:** \_\_\_\_\_

### **Direct Deposit\***

Name on bank account: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank account number: \_\_\_\_\_ Checking \_\_\_\_ Savings \_\_\_\_

Bank routing number: \_\_\_\_\_

\*Please contact your employer if you would like your pay split into multiple accounts or between direct deposit and paper check.

**Employee Signature:** \_\_\_\_\_

**Employee email:** \_\_\_\_\_

**Employee Phone:** \_\_\_\_\_

**Last Four Digits of SSN:** \_\_\_\_\_

**Date Signed:** \_\_\_\_\_

By signing this form, I authorize my employer 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 and in such time as to afford my employer a reasonable opportunity to act on it. In the event that the information provided on this form is incorrect, the employer or payroll processor will not be held liable for misdirected pay if reasonable means are employed to correct the error. The employee/contractor is fully responsible for the accuracy of this information. I also affirm that Isaana Tax & Accounting LLC and its partners and affiliates will be held harmless for any errors on this form or by the Employer regarding the information provided to process payroll. I also affirm that I am in compliance with the prevailing federal, city and state laws regarding employees and independent contractors as applicable.