

# DIRECT DEPOSIT AUTHORIZATION FORM

ECBYTES INC  
4475 South Clinton Ave, Suite # 208  
South Plainfield, NJ 07080

Type or Print

Employee Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

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

Bank Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Bank Routing Number \_\_\_\_\_

## Deposit to:

Checking Account Number \_\_\_\_\_ Savings Account Number \_\_\_\_\_

Amount \_\_\_\_\_ Amount \_\_\_\_\_

All Checking \_\_\_\_\_ All Savings \_\_\_\_\_

*I hereby authorize ECBYTES INC to direct deposit (credit) entries and correction (debit) entries to the depository account listed above. This authorization will remain in effect until the Payroll Office receives written notification from me at least 30 days prior to the effective date of the termination.*

**\*\*\*PLEASE ATTACH A VOIDED PERSONALIZED CHECK TO THIS FORM FOR CHECKING ACCOUNT REQUEST.**

Signature \_\_\_\_\_ Department \_\_\_\_\_

Date \_\_\_\_\_ Phone number \_\_\_\_\_

## PAYROLL USE ONLY

Date entered \_\_\_\_\_ BC \_\_\_\_\_ Initials \_\_\_\_\_