

Direct Deposit Authorization

(Please Complete and Return to Your Employer)

- 3 Simple Steps Are Needed:**
- Step 1:** Complete your name, social below
 - Step 2:** Sign your name in the space provided
 - Step 3:** Attach a voided check for each separate account listed.
- No deposit slips, please.*

Bank Name		<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> \$ Market \$ _____ or % _____
Routing/Transit #	Account #	
Bank Name		<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> \$ Market \$ _____ or % _____
Routing/Transit #	Account #	
Bank Name		<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> \$ Market \$ _____ or % _____
Routing/Transit #	Account #	
Bank Name		<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> \$ Market \$ _____ or % _____
Routing/Transit #	Account #	

Below is a sample check MICR line, detailing where the information necessary to complete the form can be found.

Memo _____		
I: 012345678 I: 123456789 0101		
Routing/Transit # <small>(A 9-digit number always between these two marks)</small>	Checking Account #	Check # <small>(this number matches the number in the upper right corner of the check-- not needed for sign-up)</small>

ATTENTION PAYROLL MANAGER:
Employers must keep each original employee enrollment form on file as long as the employee is using FSDD, and for two years thereafter.

I authorize Inova Payroll's said institution, and the financial institution(s) I list above to initiate electronic credit entries and, if necessary, debit entries and adjustments for any credit entries, which were incorrectly funded by any person or for any processing activities by said Banking Institutions. This authorization will remain in effect until written notice of cancellation.	
Employee Name	Social Security# (Last 4 digits)
Employee Signature	Date