



Direct Deposit Authorization Form

Company ID# : _____ Company Name : _____

Employee ID# : _____ Employee Name : _____

Social Security Number ____ -- ____ -- _____

A/D/C	Priority	Checking Transit Number		Personal Account Number (s)	% / F	Amt / Net
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	_____	_____	_____

A/D/C	Priority	Savings Transit Number		Personal Account Number (s)	% / F	Amt / Net
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	_____	_____	_____

*** Include Appropriate Voided Check ***

I authorize Harpers Data Services, Inc. and the financial institution above to initiate EFT transactions as instructed above

Employee Signature : _____