



Phone: 435.752.9700
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AUTHORIZATION FOR DIRECT DEPOSIT

Complete this form for each employee or contractor opting into direct deposit.

Employee/Contractor

Print Name: _____

Employer: _____

Email Address: _____

Primary Direct Deposit

Name on Bank Account: _____ Checking

Bank Name: _____ Savings

Bank Account Number: _____

Bank Routing Number: _____

Amount: \$ _____ or Entire Paycheck

*Balance of pay to:

_____ Manual (paper check)

_____ Secondary account described below

**Note: Split payments are not available for contractors.

Secondary Direct Deposit (Balance after direct deposit entry above)

Name on Bank Account: _____ Checking

Bank Name: _____ Savings

Bank Account Number: _____

Bank Routing Number: _____

IMPORTANT: Please attach a voided check for each bank account funds will be deposited to. Payers should not send in this form with their Direct Deposit enrollment. Keep this form for your own records.

I authorize Saunders Nydegger to deposit my pay automatically to the account(s) indicated above 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 canceled in writing, provided I give the company listed above a reasonable amount of time to act on it.

Signature: _____ Date: _____