



# DIRECT DEPOSIT AGREEMENT FORM

## EMPLOYEE INFORMATION

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Name: \_\_\_\_\_ Employee ID Number (if applicable): \_\_\_\_\_

Email Address: \_\_\_\_\_

## AUTHORIZATION AGREEMENT

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I hereby authorize \_\_\_\_\_ to initiate automatic deposits to my account(s) at Bankmobile.  
Company Name

I also authorize \_\_\_\_\_ to make withdrawals from this account in the event that a credit  
Company Name  
entry is made in error.

Further, I agree not to hold \_\_\_\_\_ responsible for any delay or loss of funds due to  
Company Name  
incorrect or incomplete information supplied by me or by my financial institution or due to an error on  
the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until \_\_\_\_\_ receives a written notice of  
Company Name  
cancellation from me or my financial institution, or until I submit a new direct deposit form to the  
Payroll Department.

## ACCOUNT INFORMATION

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Financial Institution	Account Number	Routing Number	Amount (% of paycheck)	Account Type
Bankmobile	_____	021914078	_____	<input type="checkbox"/> Checking   <input type="checkbox"/> Savings
Bankmobile	_____	021914078	_____	<input type="checkbox"/> Checking   <input type="checkbox"/> Savings

Your payroll department may require a voided check.  
A starter kit of checks will be mailed to you with your debit card.

\*\* Please forward this to your Payroll Department \*\*