



Direct Deposit Authorization: Employee

I authorize Andiamo! Group to deposit my pay automatically to the account(s) indicated below 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 I cancel it in writing and in such time as to afford Andiamo! Group a reasonable opportunity to act on it.

Name on bank account: _____

Name of bank: _____

Bank account number: _____ Checking or Savings

Bank routing number: _____

Amount: \$_____ or entire paycheck

**If you would like your check deposited into multiple accounts,
list details of second account to where the remaining balance should be deposited:**

Name on bank account: _____

Name of bank: _____

Bank account number: _____ Checking or Savings

Bank routing number: _____

I understand that should an authorized deposit be returned to Andiamo! Group due to an error in the information listed above, I will incur a nonrefundable \$25 processing fee, which shall be deducted from the paycheck which resulted in the returned deposit.

Employee Signature: _____ Date: _____

Attach Voided Check Here