

Valley Processing Inc.

Complete Payroll Services Since 1968

Employee Direct Deposit Authorization Form

Please allow up to 2 pay cycles
for live direct deposit

Company Name: _____

Employee Name: _____

Employee File #: _____

Account 1

- Savings
 Checking

Amount:
\$ _____
_____ %

Bank Name
Bank Address
Bank City, State & Zip
Routing & Transit # You must have 9 numbers for the routing.
Account # Please copy the exact numbers from your check

Account 2

- Savings
 Checking

Amount:
\$ _____
_____ %

Bank Name
Bank Address
Bank City, State & Zip
Routing & Transit # You must have 9 numbers for the routing.
Account # Please copy the exact numbers from your check

Account 3

- Savings
 Checking

Amount:
\$ _____
_____ %

Bank Name
Bank Address
Bank City, State & Zip
Routing & Transit # You must have 9 numbers for the routing.
Account # Please copy the exact numbers from your check

Account 4

- Savings
 Checking

Amount:
\$ _____
_____ %

Bank Name
Bank Address
Bank City, State & Zip
Routing & Transit # You must have 9 numbers for the routing.
Account # Please copy the exact numbers from your check

Employee Signature

Date