

DIRECT DEPOSIT AUTHORIZATION FORM

ECBYTES INC
4475 South Clinton Ave, Suite # 208
South Plainfield, NJ 07080

Type or Print

Employee Name _____ Social Security Number _____

Bank Name _____

Bank Address _____ City _____ State _____ Zip _____

Bank Routing Number _____

Deposit to:

Checking Account Number _____ Savings Account Number _____

Amount _____ Amount _____

All Checking _____ All Savings _____

I hereby authorize ECBYTES INC to direct deposit (credit) entries and correction (debit) entries to the depository account listed above. This authorization will remain in effect until the Payroll Office receives written notification from me at least 30 days prior to the effective date of the termination.

*****PLEASE ATTACH A VOIDED PERSONALIZED CHECK TO THIS FORM FOR CHECKING ACCOUNT REQUEST.**

Signature _____ Department _____

Date _____ Phone number _____

PAYROLL USE ONLY

Date entered _____ BC _____ Initials _____