

# Leddy Group

## Direct Deposit Authorization

Employee Name: \_\_\_\_\_  
*Please Print*

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

New Request                       Change

**PLEASE ATTACH A VOIDED CHECK FOR PROCESSING**

ACCOUNT # 1

**Account Type:** \_\_\_\_\_ Checking    \_\_\_\_\_ Savings    Amount for this Account: **REMAINDER**

Bank Name: \_\_\_\_\_

Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

ACCOUNT # 2

**Account Type:** \_\_\_\_\_ Checking    \_\_\_\_\_ Savings    Amount for this Account: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

*I authorize Work Opportunities Unlimited/ Leddy Group to automatically deposit any funds owed to my account(s) at the Financial Institution(s) named above or to initiate electronic entries, and if necessary debit entries and adjustments for any credit entries in error to my checking and/or savings account(s) listed above. This authorization will remain in effect until written authorization from me to change or cancel this request is received. I understand that it is my responsibility to contact my financial institution to confirm the bank routing number and account number. I am also responsible for notifying Payroll immediately if the deposit bank changes or account numbers change.*

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Leddy Group Representative** \_\_\_\_\_ **Office** \_\_\_\_\_

Payroll Use:

Pre-note date: \_\_\_\_\_ Deposit start date \_\_\_\_\_