

# Direct Deposit Payment Instruction

## EMPLOYEE INFORMATION

Employee Name

Employee ID/Number

Contact Number

Email Address

## BANK ACCOUNT DETAILS

Bank Name

Branch

Account Name

Account Number

Routing Number/BSB/SWIFT

Account Type

## PAYMENT DETAILS

Amount/Percentage to Deposit

Start Date

## AUTHORIZATION

I hereby authorize my employer to deposit my payment directly into the bank account specified above. This authorization will remain in effect until I provide written notice of change or cancellation.

Employee Signature

Date