



## Employee Direct Deposit Authorization

### Instructions

---

**Employee:** Fill out and return via DocuSign, or on paper to your employer.

**Employer:** If receiving on paper, retain copy for your files, and forward copy to payroll@brscpa.com

This document must be signed by employees requesting automatic deposit of paychecks and retained on file by the employer. Employees must attach a voided check (NO DEPOSIT SLIPS) for each of their accounts to help verify their account numbers and bank routing numbers.

### Account 1

---

Account 1 type:                      Checking                      Savings

Bank routing number (ABA number): \_\_\_\_\_

Account number: \_\_\_\_\_

Percentage or dollar amount to be deposited to this account: \_\_\_\_\_

### Account 2 (remainder to be deposited to this account)

---

Account 2 type:                      Checking                      Savings

Bank routing number (ABA number): \_\_\_\_\_

Account number: \_\_\_\_\_

*attach a voided check for each account here  
or, upload voided check to your online portal  
at <https://www.brscpa.com>*

### Authorization (enter your company name in the blank space below)

---

This authorizes \_\_\_\_\_ (the "Company") to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law. This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

Authorized signature: \_\_\_\_\_ Employee ID #: \_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_\_