

Direct Deposit or Alpine Pay Card Authorization

Company Name: _____

I hereby authorize my employer to directly deposit my pay to:
Direct Deposit in the bank account listed below. I have attached a voided check for the account specified below.

I hereby authorize my employer to directly deposit my pay to:
Alpine Pay Card. I acknowledge my pay will be loaded each pay cycle to the Visa Debit Card assigned to me.

I authorize Chedda Payroll the right to correct any direct deposit under/overage payment to my bank account or Visa Debit Card.

This authorization is to remain in force until the company has received written authorization from me of its termination or change.

Employee Name: _____

Address: _____

Home Phone (____) _____ - _____ **Cell Phone** (____) _____ - _____

Email Address: _____

Signature: _____ **Date:** _____

Account: Checking Saving (only check one)

Bank Name: _____

Routing Transit#: _____ **Account Number:** _____

Attach Voided Check