



UPTACK

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DIRECT DEPOSIT AUTHORIZATION FORM

Employee _____ No. _____ (Office will provide)

Please check the box of your preferred option, provide the necessary information and sign/date this form.

Option 1: I hereby request the deposit of my entire net payroll each pay period into the following bank account.

Bank Name: _____

Bank Routing Number: _____

Account No: _____ Savings or Checking



Option 2: I hereby request the deposit of the first \$ _____ of each pay period into the following bank account.

Bank Name: _____

Bank Routing Number: _____

Account Number: _____ Savings or Checking

AND the remaining net pay each pay period into the following bank account.

Bank Name: _____

Bank Routing Number: _____

Account Number: _____ Savings or Checking



Signature: _____ Date: _____