

**EMPLOYEE DIRECT DEPOSIT AUTHORIZATION  
INSTRUCTIONS**

**ANGELA L EYSTER**  
CPA LLC  
TAX & ACCOUNTING EXCELLENCE

1866 N. Susquehanna Trail  
York, PA 17404-1824



Employee: Fill out and return to your employer.  
Employer: Forward to Angela L Eyster CPA LLC

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 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 voided check here

**Authorization**

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: \_\_\_\_\_

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