Employee Direct De	posit Authoriza	tion
Instructions		
Employee: Fill out and Employer: Save for you		loyer.
retained on file by the	e employer. Do no	oloyees requesting automatic deposit of paychecks and of send this form to Intuit. Employees must attach a voided p verify their account numbers and bank routing numbers.
Account 1		
Account 1 type:	Checking	Savings
Bank routing number (A	ABA number):	
Account number:		
Percentage or dollar an	nount to be deposit	ted to this account:
Account 2 (remainder to	be deposited to this	account)
Account 2 type:	Checking	Savings
Bank routing number (A	ABA number):	
Account number:		
		voided check for each account here
•	• •	e in the blank space below)
to send credit entries (a commercially accepted the future (the "Account agree that the ACH trans	and appropriate del method, to my (ou t"). This authorizes nsactions authorize	(the "Company") oit and adjustment entries), electronically or by any other r) account(s) indicated below and to other accounts I (we) identify in the financial institution holding the Account to post all such entries. I ded herein shall comply with all applicable U.S. Law. This authorization is a written termination notice from myself and has a reasonable
Authorized signature: _		Employee ID #:
Print name		Date [.]