

Complete the information below and turn in to your payroll department for processing.

Direct Deposit Authorization

Employee Name _____

Employee SS# _____ Employee ID Number _____

Employee Address _____

City _____ State _____ Zip _____

Account Information

Deposit Amount \$ _____ OR Net Pay

Checking Account Number _____
Account Number is 13 digits



Deposit Amount \$ _____ OR Net Pay

Savings Account Number _____
Account Number is 13 digits

Routing Number 261071412
On The Grid Financial
5901A Peachtree Dunwoody Road, Ste 275
Atlanta, GA 30328

Pay Period Frequency: [] Weekly [] Biweekly [] Semi Monthly [] Monthly

I authorize On The Grid Financial to receive my direct deposit and should I need to cancel or change my direct deposit for any reason I understand that I need to contact my payroll department.

Employee Signature _____

Date _____