

Imagine Enterprises
1402 Spring Cress Lane
Seabrook, TX 77586

AUTHORIZATION FOR DIRECT DEPOSIT OF EMPLOYEE PAY AND REIMBURSEMENTS

(Please print or type all information)

Employee ID#: _____

EMPLOYEE INFORMATION

Employee Name

Address

SECTION A: ENROLLMENT OR CHANGE AUTHORIZATION

(Complete this section for new enrollments, financial institution or account changes.) An employee may select up to a maximum of nine accounts. The employee should complete additional pages of the authorization form as needed.

SELECT ONE: ☒ New Enrollment ☐ Account Change

EFFECTIVE DATE _____

FINANCIAL INSTITUTION INFORMATION

NAME	
CITY	

BRANCH			
STATE		ZIP	

BANK INFORMATION

See example below

ROUTING #	
ACCOUNT #	

- ☒ Checking
☐ Savings
☐ Issue Check



This nine-digit
number is your
**bank routing
number.**

This eight-digit
number is your
**bank account
number.**

I acknowledge that if a voided check or document from your bank is not received, you will receive payment via mailed paper check.

Need VOIDED check or document from bank verifying the routing & account numbers

I authorize the Imagine Enterprises to initiate accounting transactions to deposit my employee pay directly to the account(s) indicated above and to correct any errors which may occur from these transactions. I also authorize the Financial Institution to post these transactions to these accounts. This authorization is to remain in force until the Imagine Enterprises receives written notice from me to cancel or change this authorization.

EMPLOYEE SIGNATURE

DATE

SECTION B: CANCELLATION

(Complete this section to cancel the Direct Deposit Authorization)

EFFECTIVE DATE _____

I hereby cancel the authorization for the Imagine Enterprises to originate direct deposit entries to my checking/savings account(s).

EMPLOYEE SIGNATURE

DATE