



DIRECT DEPOSIT AUTHORIZATION

Please print and complete ALL of the information below.

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

NAME OF BANK: _____

ACCOUNT #: _____

9-DIGIT ROUTING #: _____

AMOUNT: \$ _____ % or **ENTIRE PAYCHECK**

TYPE OF ACCOUNT: CHECKING SAVINGS (Check One)

Attach a voided check for each bank account to which funds should be deposited (if necessary)

_____ [Company Name] is hereby authorized to directly deposit my pay to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

EMPLOYEE'S SIGNATURE: _____

DATE: _____