

Direct Deposit Authorization Form

Please print and complete ALL the information below.

Name: _____

Address: _____

City, State, Zip: _____

Name of Bank: _____

Account #: _____

9-Digit Routing #: _____

Amount: " \$ _____ " _____ % or " Entire Paycheck

Type of Account: Checking Savings

Please attach a voided check for each bank account to which funds should be deposited.

_____ 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 Signature: _____ Date: _____