

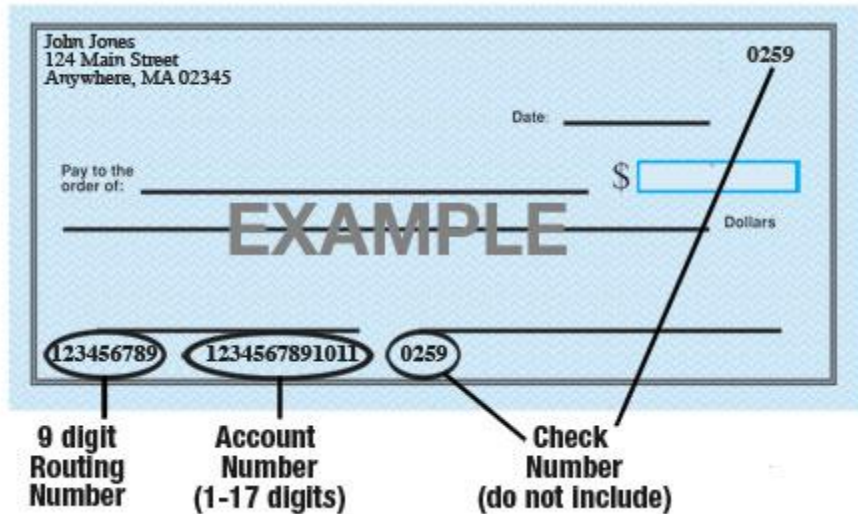
# DIRECT DEPOSIT AUTHORIZATION FORM

Please print and complete ALL the information below.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_



Name of Bank: \_\_\_\_\_

Account #: \_\_\_\_\_

9-Digit Routing #: \_\_\_\_\_

Amount:  Entire Paycheck **OR**  \$ \_\_\_\_\_  \_\_\_\_\_%

Type of Account:  Checking  Savings

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

I authorize, \_\_\_\_\_ [Company or Organization] 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: \_\_\_\_\_

Print Name: \_\_\_\_\_