**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:

