

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