



Direct Deposit Authorization

Employer Name: _____ Rate of pay _____

Instructions: Print and complete form and provide signed copy to your employer.

Employee Name		Date Submitted	
Address:	City:	State:	Zip:
Email Address		Cell#	
Social Security Number <i>Format: XXX-XX-XXXX</i>		Birth Date:	

Banking Information

Bank Account #1 – Information

Name of Bank			
Routing Number		Account Number	
<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account			
Amount Deposited <i>(select one below)</i>			
<input type="checkbox"/> Net (Remainder) deposited			
<input type="checkbox"/> Specific amount deposited			

Bank Account #2 – Information

Name of Bank			
Routing Number		Account Number	
<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account			
Amount Deposited <i>(select one below)</i>			
<input type="checkbox"/> Net (Remainder) deposited			
<input type="checkbox"/> Specific amount deposited			

Authorization

Signature: _____ Date: _____