



Direct Deposit Authorization

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

Name	Date Submitted
Social Security Number	Format: XXX-XX-XXXX

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 (select one below)	
<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 (select one below)	
<input type="checkbox"/> Net (Remainder) deposited	
<input type="checkbox"/> Specific amount deposited	

Authorization

I authorize you and the financial institution below to deposit my pay automatically to my checking account each payday. Adjusting entries to correct errors are also authorized. This authorization is to remain in full force and effect until written notification is given to the COMPANY of its termination and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Signature:

Date:

VOIDED CHECK (CHECKING) MUST BE ATTACHED