



DIRECT DEPOSIT AUTHORIZATION

Name (please print) _____ Date Submitted: _____

Last Four Digits of Social Security Number: - _____ Effective Date: _____

☐ Add ☐ Change ☐ Cancel the Following Deposit (Use This Selection to Stop Deposits to an Account)

Name of Financial Institution: _____

Routing # : _____ Account #: _____

☐ Checking ☐ Savings (Please Check Only One)

Amount of Deposit (Pick One)

☐ Net (Remainder) Deposited ☐ Specific Amount Deposited _____ (Amount or Percentage)

☐ Add ☐ Change ☐ Cancel the Following Deposit (Use This Selection to Stop Deposits to an Account)

Name of Financial Institution: _____

Routing # : _____ Account #: _____

☐ Checking ☐ Savings (Please Check Only One)

Amount of Deposit (Pick One)

☐ Net (Remainder) Deposited ☐ Specific Amount Deposited _____ (Amount or Percentage)

*****REQUIRED*** Include Proof of Bank Account Ownership. You May Take This Form to Your Financial Institution for Account and Routing Number Verification. Other Documents That Verify Account Ownership: Voided Check, Letter From Your Financial Institution, Online Banking Screenshot Showing Bank Name and Account Number, etc.**

Name of Financial Institution: _____

Signature of Representative: _____ Date: _____

I authorize you and the financial institution above to deposit my pay automatically to my bank 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 reasonable opportunity to act on it.

Signature: _____ Date: _____

E-mail: _____

Office Use: Date Verified _____