

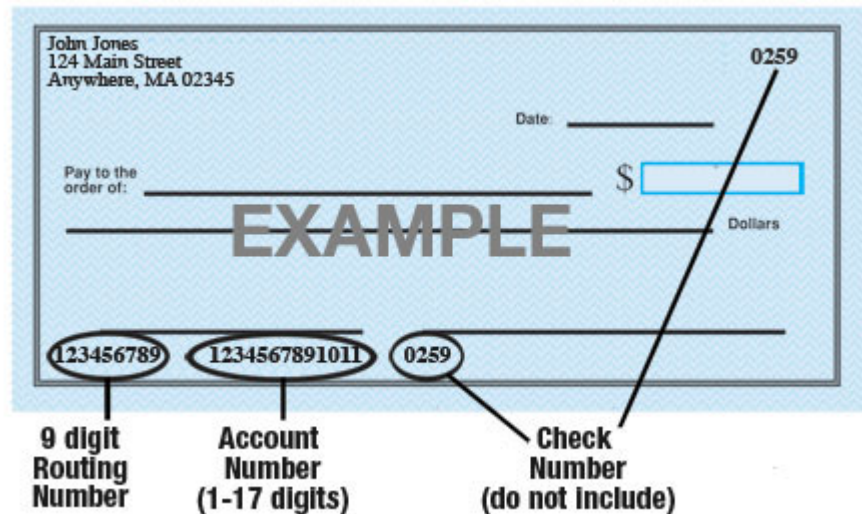
Direct Deposit Authorization Form

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 (Circle One)

Please attach a voided check for each bank account to which funds should be deposited. OR screenshot of banking information from your online viewing access.

_____ is hereby authorized to directly deposit my pay to the account listed above.
(company/employer)

This authorization will remain in effect until I modify or cancel it in writing.

Employee Signature: _____

Date: _____

If you would like a secondary bank account to receive funds, please fill out this form again and indicate that it is an additional account. There is a maximum of 3 accounts allowed for direct deposit.