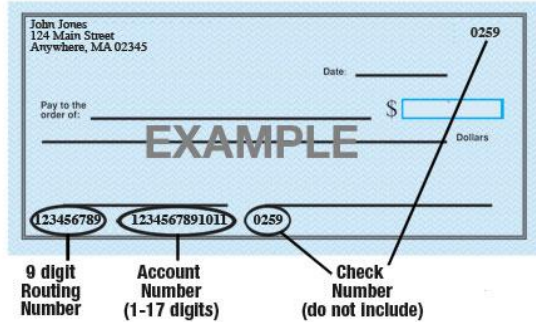


# Direct Deposit Authorization Form

Please print and complete ALL the information below.

Employer Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_



Name of Bank: \_\_\_\_\_

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

9-Digit Routing #: \_\_\_\_\_

Amount:  \$ \_\_\_\_\_  \_\_\_\_\_% or  Entire Paycheck

Type of Account: Checking Savings (Circle One)

If requesting deposit to two accounts, please complete the following section about the second account:

Name of Bank: \_\_\_\_\_

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

9-Digit Routing #: \_\_\_\_\_

Amount:  \$ \_\_\_\_\_  \_\_\_\_\_%

Type of Account: Checking Savings (Circle One)

*Please make sure all information entered above is correct. If it is incorrect, it will delay your direct deposit.*

\_\_\_\_\_ is hereby authorized to directly deposit my pay to the account listed  
(Employer Name)  
above. This authorization will remain in effect until I modify or cancel it in writing.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_