



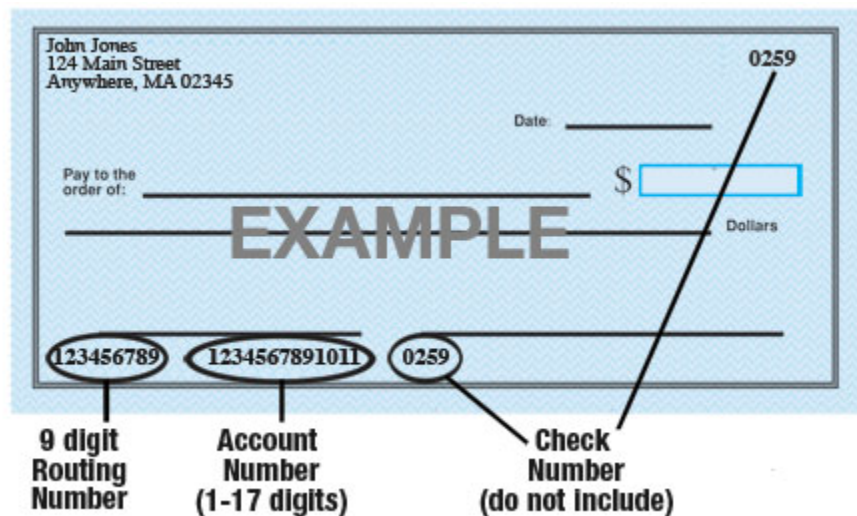
Direct Deposit Authorization Form

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.

A Glimmer of Hope LLC., is hereby authorized to directly deposit my pay to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Employee Signature:

Date: