

## Direct Deposit Authorization Form

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ M.I. \_\_\_\_\_

SS# \_\_\_\_\_ Ph# \_\_\_\_\_

DOB: \_\_\_\_\_ Email: \_\_\_\_\_

### Banking Information:

Bank Name: \_\_\_\_\_ Bank Type:  Checking  Savings

Routing # \_\_\_\_\_ Acct# \_\_\_\_\_

Action:  New  Change

If joint account:

Who is the other name on the account: \_\_\_\_\_

By signing this agreement, I authorize \_\_\_\_\_ to initiate credit entries to the account indicated above for the purpose of payroll. I also authorize \_\_\_\_\_ to initiate, if necessary, debit entries and adjustments for any credit entries made in error.

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

PLEASE PROVIDE US WITH A BLANK VOIDED COPY OF A CHECK FROM YOUR FINANCIAL INSTITUTION OR YOU MAY DIRECTLY GIVE US A COPY OF THE DIRECT DEPOSIT FORM FROM YOUR FINANCIAL INSTITUTION.

### HOW TO COMPLETE THIS FORM

1. Fill in all boxes above.
2. Sign and date the form.



Call your financial institution to make sure they will accept direct deposits.



Verify your account number and routing transit number with your financial institution



Do not use a deposit slip to verify the routing number.

Routing Transit Number

Account Number

JOHN PUBLIC 123 Main Street Your Town, FL 12345	1234 _____ 19 _____
PAY TO THE ORDER OF _____ \$ _____	
Your Town Bank Your Town, FL 12345	DOLLARS
For _____	
⑆250000005⑆ 1234556789022⑆	

NOTE: THE ACCOUNT AND ROUTING NUMBER MAY APPEAR IN DIFFERENT PLACES ON YOUR CHECK.