## **DIRECT DEPOSIT AUTHORIZATION**

Please print and complete ALL the information below.

| Name:                        |   |
|------------------------------|---|
| Address:                     |   |
| City, State, Zi <sub>l</sub> | j:  |
|                              | John Jones 124 Main Street Anywhere, MA 02345  Pay to the order of:  EXAMPLE  Date:  Dottars  Date:  Pay to the order of:  Check Routing Number Number (1-17 digits)  Check Number (do not include) |
| Name of Bank Account #:      |   |
| 9-Digit Routin               | g #:  |
| Amount:                      | □ \$% or □ Entire Paycheck  |
| Type of Accou                | nt: ☐ Checking ☐ Savings (Check One)  |
| Attach a voided              | check for each bank account to which funds should be deposited (if necessary)   |
| the account listowriting.    | [Company Name] is hereby authorized to directly deposit my pay to ed above. This authorization will remain in effect until I modify or cancel it in   |
| Employee's Sig               | gnature:  |
| Date:                        |   |
| _                            |   |

