



Direct Deposit Authorization Form

Employee Information:

Full Name (First, Middle, Last):

Social Security #:

Contact Number:

Email Address:

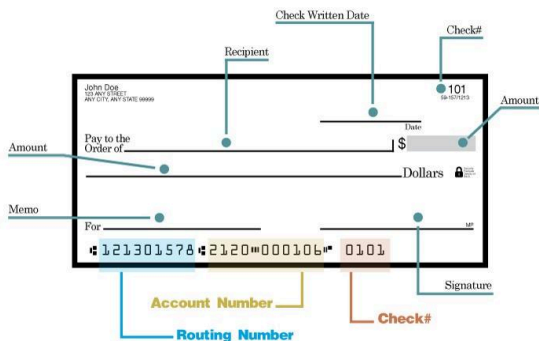
Bank Account Information:

Bank Name:

Account Type: [] Checking [] Savings

Routing Number:

Account Number:



Authorization:

I authorize Kimball Camp Outdoor Center to initiate credit entries to my account at the financial institution indicated above. This authorization will remain in effect until I provide written notification of termination and allow a reasonable amount of time for processing. I understand that this authorization will be used for direct deposit of my payroll payments.

Signature: _____

Date: _____