## **Direct Deposit Authorization Form**

Please print and complete ALL the information below.

Name: Address: City, State, Zip: John Jones 124 Main Street Anywhere, MA 02345 0259 Date S Pay to the order of: Dollars 123456789 123456789101D (0259 9 digit Account Check Routing Number Number Number (1-17 digits) (do not include) Name of Bank: Account #: 9-Digit Routing #: □ % or □ Entire Paycheck  $\Box$  \$ Amount: Type of Account: Checking Savings (Circle One)

Please attach a voided check for each bank account to which funds should be deposited.

[*Company Name*] 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: