DIRECT DEPOSIT AUTHORIZATION

Please complete all fields.

EMPLOYEE INFORMATION	
ADDRESS	
CITY, STATE, ZIP	
PHONE #	EMAIL

ACCOUNT INFORMATION
FINANCIAL INSTITUTION
ROUTING NUMBER (9 DIGITS)
ACCOUNT NUMBER
ACCOUNT TYPE ☐ CHECKING ☐ SAVINGS

I, _____, authorize Shine Gymnastics, LLC and my bank to automatically deposit into my account listed above (this includes my authorization to correct entries made in error). This authorization will remain in effect until I give written notice to cancel it.