## **Direct Deposit Authorization Form**

Please print and complete ALL the information below.

Name:			
Address:			
City, State, Zip:			
9	Pay to the order of:  123456789  123456789  123456789  1234567891011  1 digit Account Number outling umber (1-17 digits)	Date S Dollars  Check Number (do not include)	
Name of Bank:			
Account #:			
9-Digit Routing#	:		
Amount:	□ \$	☐% or ☐ Entire Paycheck	
Type of Account:	☐ Checking	☐ Savings (Check One)	
Attach a voided ch	eck for each bank accour	nt to which funds should be deposited (if necessary	<i>י</i> )
the account listed a writing.		is hereby authorized to directly deposit my pay twill remain in effect until I modify or cancel it in	
Employee's Signat	ture:		
Date:			
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