

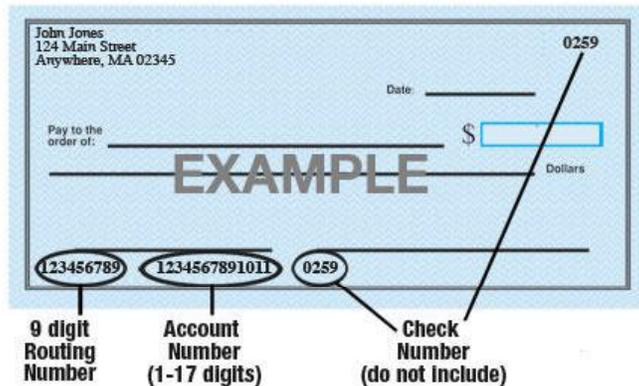
# Direct Deposit Authorization Form

Please print and complete ALL the information below.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_



Name of Bank: \_\_\_\_\_

Account #: \_\_\_\_\_

9-Digit Routing #: \_\_\_\_\_

Amount:  \$ \_\_\_\_\_  \_\_\_\_\_ % or  Entire Paycheck

Type of Account:  Checking  Savings (Check One)

**Please provide a document verifying the banking account information listed above. This can be a copy of a voided check, a verification letter from your Financial Institution or a screenshot of your online banking. These documents must include the bank routing and account number. Failure to provide a verifiable document may result in errors of the financial information and cause delays in receiving your pay.**

I authorize my employer, \_\_\_\_\_, and its Agents, including Financial Institutions, to automatically deposit my paycheck 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 of cancellation.

Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

