

## **Direct Deposit Authorization Form**

Please print and cor	inplete ALL the information below.
Name:	
Address:	
City, State, Zip:	
Ar Control of the Con	Date:  Pay to the order of:  Dotter  Dotter  Dotter  Dotter  Dotter  Dotter  Account  Check
Ro	uting Number Number mber (1-17 digits) (do not include)
Account #:	
9-Digit Routing #:	
Amount:	□ \$% or □ Entire Paycheck
Type of Account:	Checking Savings (Circle One)
Please attach a void	ded check for each bank account to which funds should be deposited.
	s hereby authorized to directly deposit my pay to the account listed above. will remain in effect until I modify or cancel it in writing.
Employee Signature	e:
Date:	