



*Serving Your Needs with Compassion*

(Direct Deposit Authorization Form Rev. May 2021)

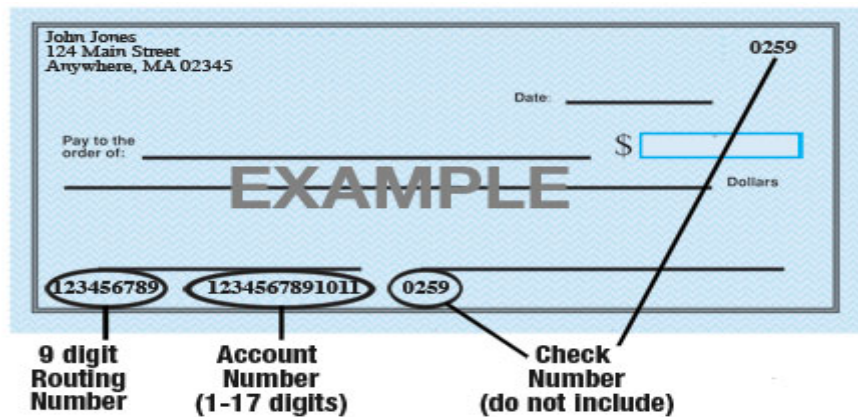
Please print and complete **ALL** the information below.

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

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

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

Telephone #: \_\_\_\_\_



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

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

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

Cash App Profile Name: \_\_\_\_\_

Amount:  Entire Paycheck

SYNC Employment Center is hereby authorized to directly deposit my pay to the account(s) listed above. This authorization will remain in effect until I modify or cancel it in writing.

Employee Signature: \_\_\_\_\_

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