

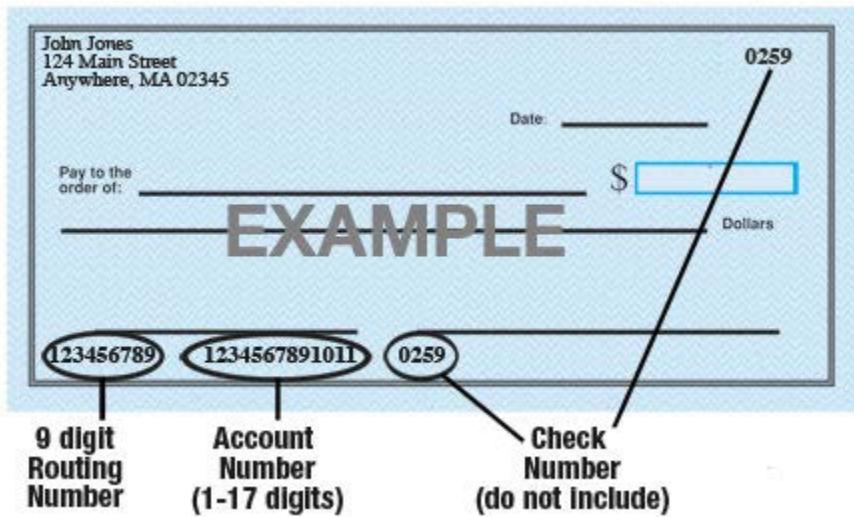
# DIRECT DEPOSIT AUTHORIZATION

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)

*Attach a voided check for each bank account to which funds should be deposited (if necessary)*

\_\_\_\_\_ is hereby authorized to directly deposit my pay to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Employee's Signature:

Date: