DIRECT DEPOSIT AUTHORIZATION

Please print and complete ALL the information below.

Name:	
Address:	
City, State, Zip:	
124 1 Any Pay ord	ng Number Number
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)

[*Company Name*] 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: