



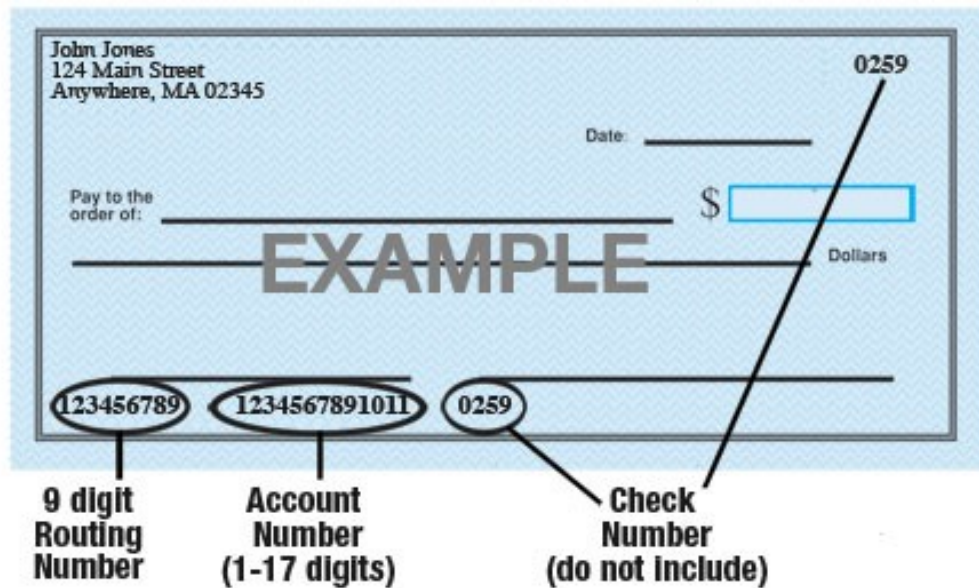
## DIRECT DEPOSIT AUTHORIZATION FORM

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

Employee Name (First, M.I., Last): \_\_\_\_\_

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

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



Name of Financial Institution: \_\_\_\_\_

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

Routing #: \_\_\_\_\_

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

Type of Account  
(Circle One)

- Checking
- Savings

*Please attach a voided check for each bank account to which funds should be deposited.*

(Company named above) 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 Signature: \_\_\_\_\_

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