DIRECT DEPOSIT AUTHORIZATION

Please print and complete ALL the information below.

Name:			
Address:			
City, State, Zip:			
9	Pay to the order of: 123456789 123456789 123456789 1234567891011 1 digit Outling Number umber (1-17 digits)	Date: Dollars Dollars Check Number (do not include)	
Name of Bank:			
Account #:			
9-Digit Routing #	:		
Amount:	\$	□% or □ Entire Paycheck	
Type of Account:	☐ Checking	☐ Savings (Check One)	
Attach a voided ch	eck for each bank accour	nt to which funds should be deposited (if necessary)
the account listed a writing.		is hereby authorized to directly deposit my pay to will remain in effect until I modify or cancel it in)
Employee's Signat	ture:		
Date:			

