



## Direct Deposit Authorization

**Instructions: Print and complete form and provide signed copy to your employer.**

Name:		Date Submitted:	
Social Security Number:	Format: XXX-XX-XXXX		
Email:			

### Banking Information

#### Bank Account #1 – Information

Name of Bank			
Routing Number		Account Number	
<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account			
Amount Deposited (select one below)			
<input type="checkbox"/> Net (Remainder) deposited			
<input type="checkbox"/> Specific amount deposited			

#### Bank Account #2 – Information

Name of Bank			
Routing Number		Account Number	
<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account			
Amount Deposited (select one below)			
<input type="checkbox"/> Net (Remainder) deposited			
<input type="checkbox"/> Specific amount deposited			

### Authorization

I authorize you and the financial institution below to deposit my pay automatically to my checking account each payday. Adjusting entries to correct errors are also authorized. This authorization is to remain in full force and effect until written notification is given to the COMPANY of its termination and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Signature:

Date:

**VOIDED CHECK (CHECKING) MUST BE ATTACHED**