DIRECT DEPOSIT AUTHORIZATION

Complete ALL the information below.

**Name**:

**Address**:

**City, State, Zip**:

|  |  |
| --- | --- |
| **Name of Bank**: |  |
| **Account #**:**9-Digit Routing #**: |
| **Amount**: |  $  |  % | or  Entire Paycheck |
| **Account Type:** |  Checking |  Savings | (Check One) |

**Attach a voided check for each bank account for deposit details.**

 [*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: