

DIRECT DEPOSIT AUTHORIZATION

Employer Name: _____

Full Legal Name: _____

Social Security Number: _____

Bank Name: _____

Routing Number: _____

Account Number: _____

Type of Account: (Circle one) Checking Savings

***Attach copy of blank voided check**

Check the appropriate item:

_____ **Direct Deposit**

The undersigned hereby requests and authorizes the entire amount of my paycheck each pay period to be deposited directly into the bank account named above.

_____ **I would like to cancel my direct deposit authorization.**

Employee Signature

Date