

## Direct Deposit Authorization Form

Employee Name: \_\_\_\_\_

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

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

Social Security# : \_\_\_\_\_ Phone #: \_\_\_\_\_

I HEREBY AUTHORIZE AND REQUEST DIRECT DEPOSIT OF MY CHECK TO:

BANK NAME: \_\_\_\_\_

TRANS ABA # (ROUTING#): \_\_\_\_\_

Deduct \$\_\_\_\_\_ from my net pay each pay period and deposit it into my

Savings Account# \_\_\_\_\_

Deduct\$\_\_\_\_\_ from my net pay each pay period and deposit it to my

Checking Account# \_\_\_\_\_

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

Attach Voided check here.