

Direct Deposit Authorization

EMPLOYEE INFORMATION

Name _____
Address _____
City, State, Zip _____

BANK ACCOUNT INFORMATION

You can deposit your funds into a single or multiple bank accounts. On the form below, please indicate what percentage of funds you'd like to have deposited in each account. If you only add one account, all of your funds will be deposited into that account.

ACCOUNT 1

Bank Name _____
Account Number _____ Routing Number _____
Account Type Checking account Savings account
Percentage to Deposit _____ %

ACCOUNT 2 (Optional)

Bank Name _____
Account Number _____ Routing Number _____
Account Type Checking account Savings account
Percentage to Deposit _____ %

ACCOUNT 3 (Optional)

Bank Name _____
Account Number _____ Routing Number _____
Account Type Checking account Savings account
Percentage to Deposit _____ %

I hereby authorize _____ and my bank(s) to automatically deposit my paycheck into the account(s) listed above (this includes authorization to correct entries made in error). This authorization will remain in effect until I give written notice to cancel it.

Employee's signature _____

Date _____