DIRECT DEPOSIT AUTHORIZATION

Please print and complete ALL the information below.

Name:	
Address:	
City, State, Zip:	
	Date Date Date Date Date Date Date Date Check Number Date Date Date
Name of Bank:	
Account #:	
9-Digit Routing #:	
Amount:	□ \$ or □ Entire Paycheck
Type of Account:	☐ Checking ☐ Savings (Check One)
Attach a voided check,	for each bank account to which funds should be deposited (if necessary)
the account listed abov writing.	[Company Name] is hereby authorized to directly deposit my pay to re. This authorization will remain in effect until I modify or cancel it in
Employee's Signature:	
Date:	

