

DIRECT DEPOSIT AUTHORIZATION

EMPLOYEE

LAST NAME _____

FIRST NAME _____

MIDDLE INITIAL _____

BANK INFORMATION

BANK NAME AND BRANCH _____

BANK ACCOUNT NUMBER _____

BANK ROUTING NUMBER _____

I hereby request the deposit of my entire paycheck into the above-named account on every pay period.

THIS ACCOUNT IS A:

_____ CHECKING ACCOUNT

_____ SAVINGS ACCOUNT

NOTE: Please attach a deposit slip or canceled check to this form to expedite this process.

Employee Signature

Date