

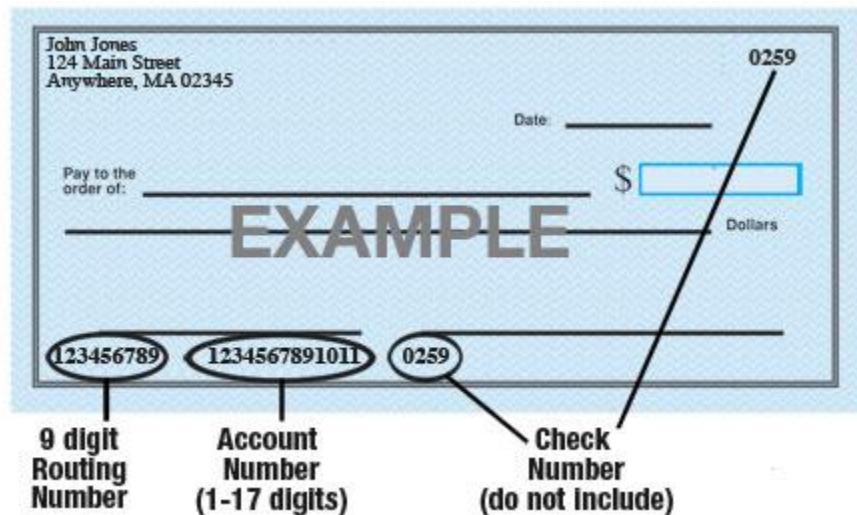
DIRECT DEPOSIT AUTHORIZATION

Employee Name: _____ SSN: _____

Address: _____

City, State, Zip: _____

Telephone: _____ Email: _____



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 employer processes payroll on a semi-monthly basis, with pay periods ending on the 15th and the last day of each month. Paychecks will be issued on the 5th day following each pay period.

I hereby authorize the employer to directly deposit my pay into the account listed above. This authorization will remain in effect until I provide a written notice to modify or cancel it.

Employee's Signature: _____ Date: _____