

Direct Deposit Authorization Form

Employee ID Number: _____

Employee Name: _____

I hereby authorize _____ hereinafter called **Company**, to initiate credit and, if necessary, debit entries for adjustments to my:

Checking #1 _____ Amount _____
Routing # (9 digits) Account # (4-17 digits)

Checking #2 _____ Amount _____
Routing # (9 digits) Account # (4-17 digits)

Savings #1 _____ Amount _____
Routing # (9 digits) Account # (4-17 digits)

Savings #2 _____ Amount _____
Routing # (9 digits) Account # (4-17 digits)

Bank/Financial Institution _____

Bank/Financial Institution Phone# _____

This agreement is to remain in effect until **Company** has received written notification from me of its termination in such time to afford **Company** and Depository a reasonable opportunity to act on it.

Signed _____ Date _____

Please attach to this agreement:

* A check for checking account information

* A deposit slip for savings account information