

DIRECT DEPOSIT AUTHORIZATION FORM

The authorization form provided below gives _____
(your employer) and your financial institution authority to deposit your pay directly into your account.

INSTRUCTIONS:

1. Fill in your name, your bank's name, location and the date.
2. Mark the box to indicate whether your pay will be deposited in your checking or savings account.
3. Please fill in your bank's routing and account numbers.
4. Please be sure to **sign the form**.
5. Return the completed form to _____.

AUTHORIZATION FOR AUTOMATIC PAYROLL DEPOSIT

I authorize _____ (my employer) and the bank indicated below to deposit my net pay automatically each payday. If monies to which I am not entitled are deposited to my account, I authorize my employer to direct the bank to return said funds. This authority will remain in effect until I have cancelled it in writing.

Bank Name: _____

Branch Address: _____

City, State, Zip Code: _____

Bank ID Number: Account # _____ Routing # _____



Checking



~~*Savings*~~

Name (Please Print): _____ *Date:* _____

EMPLOYEE SOCIAL SECURITY NUMBER:

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