

DIRECT DEPOSIT AUTHORIZATION

I authorize my employer to deposit my wages/salary to the following bank account(s):

Bank Account #1 Checking Savings

Bank Account #2 Checking Savings

Bank Name _____

Bank Name _____

Account Number _____

Account Number _____

ROUTING NUMBER _____

ROUTING NUMBER _____

I wish to deposit (check one):

Specific Dollar Amount \$_____.00

Entire Paycheck

I wish to deposit (check one):

Specific Dollar Amount \$_____.00

Entire Paycheck

Important: Please attach a voided check for each bank account to which funds should be deposited:

Employee signature: _____

Date: _____

Employee name (Print): _____

This section to be completed by the employer:

Direct deposit will start on payday of ____/____/____.

Reviewed by : _____

Date: _____