

DIRECT DEPOSIT AUTHORIZATION

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

Bank Account #1 Checking Savings

Bank Name _____

Account Number _____

ROUTING NUMBER _____

Bank Account #2 Checking Savings

Bank Name _____

Account 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: _____