

DIRECT DEPOSIT AUTHORIZATION

EMPLOYEE NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE: _____

I hereby authorize my employer and their agents to initiate electronic deposits to the bank account shown below. I understand that adjustment and/or reversing entries may be made to this account to insure an accurate and balanced accounting of all transactions.

Signature

Date

Please staple a void check below and/or fill in ALL of the below information.

Please do not attach a deposit slip this will delay setup.

Name on account: _____

Financial Institution: _____

Branch: _____

City: _____ State: _____

Phone number of bank: _____

Routing (ABA) Number _____

Account Number: _____

Account type: Checking or Savings (Circle one)