

BLANK

DIRECT DEPOSIT AUTHORIZATION

Employee Name: _____

*Email Address: _____

Phone Number: _____

Financial Institution Name: _____

ABA Routing Number: _____

Account Number: _____

**DO NOT USE A DEPOSIT SLIP TO OBTAIN YOUR ACCOUNT NUMBER!
A VOIDED CHECK OR DIRECT DEPOSIT FORM FROM THE BANK REQUIRED**

Account Type: (Please Circle) Checking Savings

I hereby authorize BLANK to direct electronic deposits to the account noted above for my periodic payroll checks and I authorize the financial institution designated herein to accept such electronic funds transfers. I have indicated the account at the financial institution to which deposits are to be made and understand that this decision can only be changed by me upon written instruction delivered to BLANK. I understand that BLANK may cancel this direct deposit program at any time.

I understand that it is my responsibility to confirm the accuracy of all transfers to my designated account and acknowledge that BLANK has received a written termination notification from me in such time to afford BLANK a reasonable opportunity to act on it.

Employee Signature: _____

ATTACH VOIDED CHECK OR BANK DIRECT DEPOSIT FORM HERE