

DIRECT DEPOSIT AUTHORIZATION

Employer _____

Name (please print) _____ Date Submitted: _____
 Social Security Number: _____ - _____ - _____ Effective Pay Date: _____

Add Change Cancel The following deposit
 Name of Financial Institution: _____
 Routing #: _____ Account #: _____
 Checking Savings *(Please check only one)*

Amount of deposit *(pick one)*
 Net (Remainder) deposited
 Specific amount deposited \$ _____ *(indicate amount)*

Add Change Cancel The following deposit
 Name of Financial Institution: _____
 Routing #: _____ Account #: _____
 Checking Savings *(Please check only one)*

Amount of deposit *(pick one)*
 Net (Remainder) deposited
 Specific amount deposited \$ _____ *(indicate amount)*

I authorize you and the financial institution below to deposit my pay automatically to my checking account each payday. Adjusting entries to correct errors are also authorized. This authorization is to remain in full force and effect until written notification is given to the COMPANY of its termination and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Signature: _____

Date: _____

VOIDED CHECK (CHECKING) MUST BE ATTACHED