



## DIRECT DEPOSIT AUTHORIZATION

Employer \_\_\_\_\_

Name (print) \_\_\_\_\_ Date Submitted \_\_\_ / \_\_\_ / \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Effective Pay Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

Add     Change     Cancel the following deposit

Name of Financial Institution \_\_\_\_\_

Routing Number: \_\_\_\_\_ Accounting Number: \_\_\_\_\_

Checking     Savings (please check only one)

-----  
Amount of deposit (pick one)

Net (reminder) deposited

Specific amount deposited \$ \_\_\_\_\_ (indicate amount)

Add     Change     Cancel the following deposit

Name of Financial Institution \_\_\_\_\_

Routing Number: \_\_\_\_\_ Accounting Number: \_\_\_\_\_

Checking     Savings (please check only one)

-----  
Amount of deposit (pick one)

Net (reminder) deposited

Specific amount deposited \$ \_\_\_\_\_ (indicate amount)

I authorize you and the financial institutions above 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 DEPOSITRY a reasonable opportunity to act on it.

Signature \_\_\_\_\_

Date \_\_\_\_\_

VALID CHECK (CHECKNG) MUST BE ATTACHED