

## DIRECT DEPOSIT AUTHORIZATION FORM

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Employee ID# \_\_\_\_\_

I, hereby request and authorize \_\_\_\_\_ to deposit my pay to the account and bank indicated below. This authority will remain in effect until I have given written notice of termination or until the company has notified me that this service has been discontinued.

Name of Bank \_\_\_\_\_

Account # \_\_\_\_\_

Routing # \_\_\_\_\_

Type of Account: \_\_\_\_\_

Signature: \_\_\_\_\_