



## 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**