

DIRECT DEPOSIT AUTHORIZATION FORM

Name of Employer: _____

Employee's Full Legal Name: _____

Social Security Number: _____

I, the undersigned, hereby request and authorize the following actions to my paycheck each pay period:

- Enroll in Direct Deposit
- Update Direct Deposit information
- Cancel previous Direct Deposit enrollment

Complete for Enrollments or Updates:

Please direct deposit my paycheck according to the following instructions:

BANK 1:

Deposit _____ (amount) or _____ (percentage) to:

Bank Name/Branch: _____

Routing Number: _____

Account Number: _____

Account Type (circle): Checking (or) Savings

BANK 2:

Deposit _____ (amount) or _____ (percentage) to:

Bank Name/Branch: _____

Routing Number: _____

Account Number: _____

Account Type (circle): Checking (or) Savings

****PLEASE ATTACH/SEND A VOIDED CHECK FOR EACH ACCOUNT**

Employee Signature

Date