

## **Direct Deposit Authorization Form**

Please print and complete ALL the information below.

Name:
Address:
City, State, Zip:
John Jones 124 Main Street Anywhere, MA 02345  Pay to the order of:  EXAMPLE  Dollars  123456789 1234567891011 0259
9 digit Account Check Routing Number Number Number (1-17 digits) (do not include)  Name of Bank:
Account #:
9-Digit Routing #:
Amount: □\$ □% or □ Entire Paycheck
<b>Type of Account</b> : □Checking □Savings (Check One)
Attach a voided check for each bank account to which funds should be deposited (if necessar [Company Name] is hereby authorized to directly deposit my pathe account listed above. This authorization will remain in effect until I modify or cancel writing.
Employee's Signature:
Date: