

## Associate Authorization for Direct Deposit

Associate's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Payroll ID Number: \_\_\_\_\_

New Deposit \_\_\_\_\_ Change in Deposit \_\_\_\_\_

# 1

Bank \_\_\_\_\_

Type (Checking or Savings) \_\_\_\_\_

Amount \_\_\_\_\_

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

Account \_\_\_\_\_

# 2

Bank \_\_\_\_\_

Type (Checking or Savings) \_\_\_\_\_

Amount \_\_\_\_\_

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

Account \_\_\_\_\_

# 3

Bank \_\_\_\_\_

Type (Checking or Savings) \_\_\_\_\_

Amount \_\_\_\_\_

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

Account \_\_\_\_\_

**NOTE: A voided check must be attached for each direct deposit.**

Authorized by: \_\_\_\_\_ Date: \_\_\_\_\_