

# Direct Deposit Authorization

Please complete ALL the information below.

Name: 1  
Address: 1  
City, State, Zip: 1

John Jones  
124 Main Street  
Anywhere, MA 02345

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

Pay to the order of: \_\_\_\_\_ \$  Dollars

EXAMPLE

123456789

1234567891011

0259

9 digit  
Routing  
Number

Account  
Number  
(1-17 digits)

Check  
Number  
(do not include)

Name of Bank:	1
Account #:	11
9-Digit Routing #:	1
Amount:	\$ 1 % 1 or Entire Paycheck
Type of Account:	Checking

Floormasters is hereby authorized to directly deposit my pay to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Employee's Signature:

Date: 2024-06-07