

# Direct Deposit Authorization

Please complete ALL the information below.

Name: 111

Address: 1

City, State, Zip: 1

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

brunel 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: 2024-05-23