

Please complete ALL the information below.

Name:

Address:

City, State, Zip:

Direct Deposit Image

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

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:

No signature provided.

Date: