

DIRECT DEPOSIT AUTHORIZATION FORM

Employer Information

Full Name: _____
Address: _____,
_____, _____
Phone Number: _____
Fax Number: _____
Email: _____

Employee Information

Full Name: _____
Address: _____,
_____, _____
Phone Number: _____
Fax Number: _____
Email: _____
Social Security Number: ____-____-____
Identification Number: _____

Financial Institution

Name: _____
Address: _____, _____, _____
Phone Number: _____
Fax Number: _____
Email: _____
Routing Number: _____
Account Number: _____
Type of Account: ☐ Checking ☐ Savings

I hereby authorize _____ [Employer Name] to deposit all payments due to me into the account(s) listed above. In addition, I grant _____ [Employer Name] the authority to take any corrective actions, including debits, as needed, in relation to these deposits. This authorization will remain in effect until I provide written notice to modify or cancel it.

Employee Signature: _____

Date: _____

