DIRECT DEPOSIT REQUEST FORM



Customer name		
Address		
City	State	ZIP code
Please have my paycheck automatically o	deposited into the following acco	unt:
Checking account number		
Your bank's routing number		
l authorize		(name of business
and my bank to automatically deposit my pa		
and the second of the second o	ation will remain in effect until I give	e written notice to cancer it.
correct entries made in error). This authoriza		
correct entries made in error). This authoriza		Date

Complete this form, then print it, sign it and take it to your employer's payroll department to request direct deposit