

## **Empowerment Support Solutions LLC**

Staff Document

## **Direct Deposit Authorization**

Employee Full Name  Email Phone  Bank Information  Bank Name Routing Number  Checking Savings  Account Number  Optional: Attach a voided check or official bank letter for verification.  Authorization I authorize Empowerment Support Solutions LLC to initiate direct deposits to my account listed above.  This authorization remains in effect until I submit written cancellation and ESS has a reasonable opportunity to	Employee Information	
Email Phone  Bank Information  Bank Name Routing Number  Checking Savings  Account Number  Optional: Attach a voided check or official bank letter for verification.  Authorization I authorize Empowerment Support Solutions LLC to initiate direct deposits to my account listed above.		
Bank Name Routing Number Checking Savings Account Number Optional: Attach a voided check or official bank letter for verification.  Authorization I authorize Empowerment Support Solutions LLC to initiate direct deposits to my account listed above.	Employee Full Name	
Bank Name Routing Number Checking Savings Account Number Optional: Attach a voided check or official bank letter for verification.  Authorization I authorize Empowerment Support Solutions LLC to initiate direct deposits to my account listed above.		
Bank Name  Routing Number  Checking Savings  Account Number  Optional: Attach a voided check or official bank letter for verification.  Authorization  I authorize Empowerment Support Solutions LLC to initiate direct deposits to my account listed above.	Email	Phone
Checking Savings  Account Number  Optional: Attach a voided check or official bank letter for verification.  Authorization  I authorize Empowerment Support Solutions LLC to initiate direct deposits to my account listed above.	Bank Information	
Checking Savings  Account Number  Optional: Attach a voided check or official bank letter for verification.  Authorization  I authorize Empowerment Support Solutions LLC to initiate direct deposits to my account listed above.		
Account Number Optional: Attach a voided check or official bank letter for verification.  Authorization I authorize Empowerment Support Solutions LLC to initiate direct deposits to my account listed above.	Bank Name	Routing Number
Optional: Attach a voided check or official bank letter for verification.  Authorization I authorize Empowerment Support Solutions LLC to initiate direct deposits to my account listed above.		Checking Savings
Authorization I authorize Empowerment Support Solutions LLC to initiate direct deposits to my account listed above.	Account Number	
I authorize Empowerment Support Solutions LLC to initiate direct deposits to my account listed above.	Optional: Attach a voided check or official bank letter for	verification.
	Authorization	
This authorization remains in effect until I submit written cancellation and ESS has a reasonable opportunity to	I authorize Empowerment Support Solutions LLC	to initiate direct deposits to my account listed above.
	This authorization remains in effect until I submit	written cancellation and ESS has a reasonable opportunity to
Typed Signature Date	Typed Signature	Date
Type your full name as signature MM/DD/YYYY	Type your full name as signature	MM/DD/YYYY