



## Direct Deposit Authorization

### Employee Information

Employee Full Name

Email

Phone

### Bank Information

Bank Name

Routing Number

Account Number

Checking

Savings

*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 act.

### Typed Signature

Type your full name as signature

### Date

MM/DD/YYYY