Direct Deposit Authorization Form

Please print and complete ALL the information below. Name: Address: City, State, Zip: John Jones 124 Main Street Anywhere, MA 02345 0259 1234567891011 Account Check Routing Number Number (1-17 digits) (do not include) Name of Bank: Account #: 9-Digit Routing #: □ \$ Amount: Type of Account: Checking Savings (Circle One) Please attach a voided check for each bank account to which funds should be deposited. [Company Name] 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 Signature: Date: