



Direct Deposit Authorization

I request the net amount of my earning to be credited to the following account. This authorization is effective beginning with the next full pay period and should continue until I cancel authorization in writing.

Deposit #1

| | | | |
|--|--|---------------------|---|
| Bank/Financial Institution Name | | | |
| Account # | | Account Type | <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| Routing/ABA # | | Amount | <input type="checkbox"/> Full <input type="checkbox"/> Partial |
| Bank Address | | | |

Deposit #2

| | | | |
|--|--|---------------------|---|
| Bank/Financial Institution Name | | | |
| Account # | | Account Type | <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| Routing/ABA # | | Amount | <input type="checkbox"/> Full <input type="checkbox"/> Partial |
| Bank Address | | | |

Attach voided check(s)

Employee Signature

Date

DRAFT

SUBMIT