

Direct Deposit Authorization

Please print and complete all the information:

Name: _____

Address: _____

City, State, Zip: _____

Email Address: _____

Name of Bank: _____

Account: _____

9-Digit Routing #: _____

Type of Account: Checking Savings

Attach a voided check for the bank account the funds should be deposited in.

Employee Signature: _____ Date: _____