

Direct Deposit Authorization Form

Employee Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security# : _____ Phone #: _____

I HEREBY AUTHORIZE AND REQUEST DIRECT DEPOSIT OF MY CHECK TO:

BANK NAME: _____

TRANS ABA # (ROUTING#): _____

Deduct \$ _____ from my net pay each pay period and deposit it into my

Savings Account# _____

Deduct \$ _____ from my net pay each pay period and deposit it to my

Checking Account# _____

Signature: _____ Date: _____

Attach Voided check here.