

DIRECT DEPOSIT AUTHORIZATION

LAST NAME _____

FIRST NAME _____

MIDDLE INITIAL _____

BANK NAME _____

BANK ACCOUNT NUMBER _____

BANK ROUTING NUMBER _____

I hereby request the deposit of my entire paycheck into the above named account on every pay period.

THIS ACCOUNT IS A:

CHECKING

SAVINGS

NOTE: Please attach a deposit slip or cancelled check to this form to expedite this process.

Employee Signature

Date