



## Direct Deposit Authorization

Employer: \_\_\_\_\_ Date: \_\_\_\_\_

Name _____	Date _____
SSN _____	Effective Pay Date _____

<input type="checkbox"/> Add	<input type="checkbox"/> Change	<input type="checkbox"/> Cancel the following deposit
Name of Financial Institution _____		
Routing # _____	Account # _____	
<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Amount of Deposit		
<input type="checkbox"/> Net (Remainder) deposited		
<input type="checkbox"/> Specific amount deposited	\$ _____	
<input type="checkbox"/> Add	<input type="checkbox"/> Change	<input type="checkbox"/> Cancel the following deposit
Name of Financial Institution _____		
Routing # _____	Account # _____	
<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Amount of Deposit		
<input type="checkbox"/> Net (Remainder) deposited		
<input type="checkbox"/> Specific amount deposited	\$ _____	

I authorize you and the financial institution above to deposit my pay automatically to my checking account each payday. Adjusting entries to correct errors are also authorized. This authorization is to remain in full force and effect until written notification is given to the COMPANY of its termination and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Signature: \_\_\_\_\_ Date \_\_\_\_\_