DIRECT DEPOSIT AUTHORIZATION

I authorize my employer to deposit my wages/salary to the following bank account(s):

Bank Account #1 ☐ Checking ☐ Savings

Bank Name_____

Account Number_____

Routing Number_____

I wish to deposit (check one):

☐ Specific Dollar Amount $ _____.00

☐ Entire Paycheck

Bank Account #2 ☐ Checking ☐ Savings

Bank Name_____

Account Number_____

Routing Number_____

I wish to deposit (check one):

☐ Specific Dollar Amount $ _____.00

☐ Entire Paycheck

Important: Please attach a voided check for each bank account to which funds should be deposited.

Employee signature: _____ Date: _____

Employee name (Print): _____

This section to be completed by the employer:

Direct deposit will start on payday of___/___/___ .

Reviewed by : _____ Date: _____