

DIRECT DEPOSIT AUTHORIZATION

Full Legal Name: _____

Bank Name/Branch: _____

Account Number 1: _____

Checking _____ Savings _____

Account Number 2: _____

Checking _____ Savings _____

Routing Number _____

Check the appropriate item:

Direct deposit.

The undersigned hereby requests and authorizes the entire amount of my paycheck each pay period to be deposited directly into the bank account (s) named above.

I would like to cancel my deposit authorization.

The undersigned hereby cancels the authorization for direct deposit or payroll deduction deposited previously submitted.

Employee Signature

Date