

# DIRECT DEPOSIT Authorization Form

Employee Name:		Social Security Number:																				
Company Name:																						
Company Street Address:																						
City:		State:	Zip Code:																			
Banking Institution:																						
Bank Street Address:																						
City:		State:	Zip Code																			
<b>Account:</b>																						
<input type="checkbox"/> Checking (attached voided check)																						
<input type="checkbox"/> Savings (attach deposit slip)																						
Transit/Routing (ABA) Number																						
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Account Number at Financial Institution																						
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Deposit Amount: <input type="checkbox"/> All <input type="checkbox"/> Part \$ _____																						
<p>I hereby authorize _____ to directly deposit my wages to the financial institution designated above. This authorization will remain in effect until the Company has received written consentn from me to change or terminate this authorization.</p> <p>I have contacted my financial institution to verify my account number and I understand the banking procedures regarding direct deposit of my wages.</p> <p>Note: Direct deposits will normally be available on the company's regular payday. However, the company is not responsible for delays caused by the banking institution(s) or automatic clearing house(s) (e.g., due to holidays).</p>																						
Employee Signature:		Date:																				