

Direct Deposit Authorization Form

Employee Information

Full Name

Address

City

State

Zip Code

Phone Number

Employee ID (if applicable)

Bank Account Information

Bank Name

Account Type

Routing Number

Account Number

Authorization

I hereby authorize [Employer Name] to initiate direct deposits to my account at the financial institution indicated above. This authorization will remain in effect until I notify [Employer Name] in writing to cancel it in such time as to afford [Employer Name] and the financial institution a reasonable opportunity to act on it.

Employee Signature

Date

Note: Please attach a voided check or a bank letter for account verification.