



DIRECT DEPOSIT AUTHORIZATION FORM

EMPLOYEE INFORMATION

Name: _____

Street Address: _____

City, State, Zip: _____

Telephone Number: _____

Email Address: _____

BANKING INFORMATION

Name of Financial Institution: _____

Type of Bank Account: _____

Bank Account Number: _____

Routing Number: _____

By signing this agreement, I authorize _____ to initiate credit entries to the account indicated above for the purpose of expense and/or payroll. I also authorize _____ to initiate, if necessary, debit entries and adjustments for any credit entries made in error.

Signature: _____

Date: _____