

# Direct Deposit Employee Authorization

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**PLEASE COMPLETE ALL INFORMATION BELOW ONLY IF YOU REQUEST TO HAVE YOUR PAY DIRECTLY DEPOSITED INTO YOUR BANK ACCOUNT(S)**

I authorize you and the financial institution listed below to deposit my pay automatically to my (mark appropriate box)

Checking Account

Savings Account

\_\_\_\_\_  
DATE

\_\_\_\_\_  
EMPLOYEE NAME

\_\_\_\_\_  
BANK NAME

\_\_\_\_\_  
BANK ROUTING NUMBER

\_\_\_\_\_  
BANK ACCOUNT NUMBER

\_\_\_\_\_  
CITY/TOWN

\_\_\_\_\_

**PLEASE ATTACH A CANCELLED/VOIDED CHECK OR A SAVINGS DEPOSIT SLIP TO THIS FORM AS VERIFICATION OF ACCT AND ROUTING NUMBERS.**

**AMOUNT TO BE TRANSFERRED \$** \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE