



Direct Deposit Authorization Form

Name (please print): _____

Action to Take: Start Change Stop

I request that my net pay be deposited to:

Bank Name: _____

Bank Routing #: _____

Account #: _____

Account Type: Checking (please attach voided check) Savings (please attach a deposit slip)

I request that a fixed amount be deposited to:

Bank Name: _____

Bank Routing #: _____

Account #: _____

Account Type: Checking (please attach voided check) Savings (please attach a deposit slip)

In the amount of \$ _____

I request that a second fixed amount be deposited to:

Bank Name: _____

Bank Routing #: _____

Account #: _____

Account Type: Checking (please attach voided check) Savings (please attach a deposit slip)

In the amount of \$ _____

I understand that this authorization will remain in effect until my employer has received written notification of its termination.

Signature: _____

Date: _____