

# Authorization for Direct Deposits

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## F O R Y O U R F I L E S O N L Y

This authorizes \_\_\_\_\_  
(the "Company") to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries.

### Account #1

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

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

\_\_\_\_\_  
BANK ADDRESS

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
BANK ROUTING # (ABA#)

\_\_\_\_\_  
BANK ACCOUNT #

### Account #2

Account # 2 Type (e.g. Checking, Savings, Loan...)

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

\_\_\_\_\_  
BRANCH

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
BANK ROUTING # (ABA#)

\_\_\_\_\_  
ACCOUNT #

This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SOCIAL SECURITY #

\_\_\_\_\_  
DATE

**This document must be signed by employees requesting automatic deposit of paychecks, and retained on file by the employer.**