



EMPLOYEE DIRECT DEPOSIT AUTHORIZATION

Employee Name: _____

Employee Number: _____

BANK ACCOUNT INFORMATION:

Bank Routing (ABA) Number: _____

Bank Account Number: _____ CHECKING SAVINGS

Financial Institution ("Bank") Name: _____

A VOIDED CHECK FOR THE ACCOUNT SPECIFIED ABOVE
MUST BE ATTACHED HERE.

I authorize my employer to deposit my wage/salary into the checking/savings account specified above.

Employee Signature: _____ Date _____