

AUTHORIZATION FOR DIRECT DEPOSIT ACTIVIITY

Bank Name _____

Bank Address _____

<u>Routing #</u>	<u>Bank Account #</u>	<u>Amt of Deposit</u>	<u>Checking or Savings</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please attach a voided check for the account(s) you would like to have direct deposited to so that we can verify the information.

Employee Name _____

Signature _____

Date _____