DIRECT DEPOSIT AUTHORIZATION FORM

Date: _____

Name: _____

Employee ID# _____

I, hereby request and authorize _____ to deposit my pay to the account and bank indicated below. This authority will remain in effect until I have given written notice of termination or until the company has notified me that this service has been discontinued.

Name of Bank _____

Account # _____

Routing # _____

Type of Account: _____

Signature: _____

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