Direct Deposit of Payroll
Employee Authorization Form

Fill in the requested information:

Recipient's Name: _____   _____   _____
                        LAST   MI   FIRST

Recipient's Address: _____

_____
             City   State   Zip

Recipient's Financial Institution: _____

Routing Number: _____

Account Number: _____

Account Type: _____ Checking   _____ Savings

_____   _____
Signature   Date

Affix copy of void check below: