

## **Direct Deposit Authorization Form**

Please print and complete ALL the information below.

Name:			
Address:			
City, State, Zip:			
	John Jones 124 Main Street Anywhere, MA 02345  Pay to the order of:  23456789  1234567891011  9 digit Routing Number	Check Number	
	Number (1-17 digits)	(do not include)	
Name of Bank:			
Account #:			
9-Digit Routing #	·		
Amount:	□ \$	□% or □	Entire Paycheck
Type of Account:	☐ Checking	☐ Savings (Check C	one)
Attach a voided ch	eck for each bank accou	nt to which funds should be depos	ited (if necessary)
Employee's Signat	ure:		
Date:			

