

Direct Deposit Authorization

*This form is only required to **initiate** direct deposit or to **change** your bank account information. If you already have direct deposit, you do not need to complete this form.*

Employee Name: _____

Bank Routing Number (RTN) (9 digits): _____

Bank Account Number: _____

Type of Account: Checking Savings

Employee Signature: _____ Date: _____

PLEASE ATTACH A VOIDED CHECK