DIRECT DEPOSIT AUTHORIZATION FORM

EMPLOYEE NAME: _____ EMPLOYEE #: _____

EMPLOYEE SSN:

BANK NAME: _____

BANK ROUTING NUMBER:

BANK ACCOUNT NUMBER:

TYPE OF ACCOUNT:

- ☐ CHECKING ACCOUNT
- ☐ SAVINGS ACCOUNT

Please make sure numbers are legible. Return form to Central Office. DO NOT EMAIL.

_____ ____/____/ 20____

EMPLOYEE SIGNATURE DATE

OFFICE USE ONLY:

RECEIVED BY: _____ DATE: ____/____/ 20____

ENTERED BY: _____ DATE: ____/____/ 20____