

DIRECT DEPOSIT AUTHORIZATION

Main Deposit Account

Full Legal Name: _____

Personal Email address _____

Bank Name/Branch: _____

Account Type: Checking Savings

Routing Number: _____

Account Number: _____

Amount to be deposited: _____

Second Deposit Account

Full Legal Name: _____

Bank Name/Branch: _____

Account Type: Checking Savings

Routing Number: _____

Account Number: _____

Amount to be deposited: _____

Check the appropriate item:

_____ **Direct deposit** The undersigned hereby requests and authorizes the amount(s) stipulated above be deducted from my paycheck each pay period to be deposited directly into the bank account named above.

_____ **I would like to cancel my deposit authorization.** The undersigned hereby cancels the authorization for direct deposit or payroll deduction deposited previously submitted.

Employee Signature

Date

(Please attach a voided check)

Please provide a personal, confidential email address for your paystubs to be sent to. We are unable to use company/firm emails for paystub submission.