

# Direct Deposit Form

**Employee Name:** \_\_\_\_\_

**Employee ID (if applicable):** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Bank Name:** \_\_\_\_\_

**Routing Number:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**Account Type:** \_\_\_\_\_

Please attach a voided check here

Or, provide check info manually:

**Check Number:** \_\_\_\_\_

**Bank Address:** \_\_\_\_\_

## Authorization

By signing below, I authorize \_\_\_\_\_ to deposit my wages directly into the account(s) listed above.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_