

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: _____