

DIRECT DEPOSIT



**AUTHORIZATION AGREEMENT
FOR AUTOMATIC PAYROLL DEPOSIT**

I (we) authorize: _____
Company

to make direct payroll deposits to: (check one)

_____ Checking Account # _____

_____ Savings Account # _____

Banking Institution: _____
(NAME)

(BRANCH)

BK TRANSIT/ABA & CHECK DIGIT NO.

This authorization will remain in effect during my employment with the above Company or until otherwise terminated by the Company.

Employee Name: _____

Social Security #: _____

Employee Signature: _____ Date: _____

Co-Owner Signature: _____ Date: _____
(Joint Accounts)