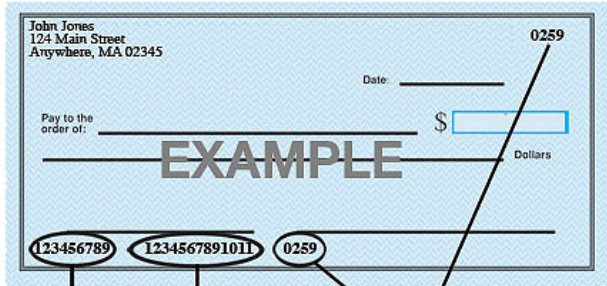


# Direct Deposit Request Form

Company Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Email: \_\_\_\_\_



*Please attach a voided check for each bank account that you are requesting your funds to be deposited to*

Routing #    Acct #    Check #  
Do Not Include

Account 1	Account 2	Account 3	Account 4
Bank Name	Bank Name	Bank Name	Bank Name
Acct Type	Acct Type	Acct Type	Acct Type
Checking    Savings	Checking    Savings	Checking    Savings	Checking    Savings
Routing #	Routing #	Routing #	Routing #
Acct #	Acct #	Acct #	Acct #
\$ _____	\$ _____	\$ _____	\$ _____
or _____%	or _____%	or _____%	or _____%
or Entire Check	or Entire Check	or Entire Check	or Entire Check

I authorize \_\_\_\_\_ (Company/Employer) and my bank to automatically deposit my paycheck into the account(s) listed above (this includes my authorization to correct entries made in error).

This authorization will remain in effect until I give written notice to cancel it.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_