DIRECT DEPOSIT AUTHORIZATION

I authorize you and the financial institution listed below to initiate electronic credit entries, and, if necessary, debit entries and adjustments for any credit entries in error to my account for payroll and reimbursement requests. This authority will remain in effect until I have canceled it in writing.

_____
Date

STAPLE VOIDED CHECK HERE

PLEASE EMAIL MY PAYSTUB TO: _____

Option 1:   ☐ **Checking Account** ☐ **Savings Account**

☐ $_____   ☐ Balance
Amount

_____
FINANCIAL INSTITUTION

_____
NAME (PLEASE PRINT)

_____
CITY   STATE

_____
SIGNATURE

BANK ROUTING NUMBER
(1ST SET OF NUMBERS ON LOWER LEFT OF CHECK)

ACCOUNT NUMBER
(2ND SET OF NUMBERS ON LOWER CENTER OF CHECK)

STAPLE VOIDED CHECK HERE

Option 2   ☐ **Checking Account** ☐ **Savings Account**

☐ $_____   ☐ Balance
Amount

_____
FINANCIAL INSTITUTION

_____
NAME (PLEASE PRINT)

_____
CITY   STATE

_____
SIGNATURE

BANK ROUTING NUMBER
(1ST SET OF NUMBERS ON LOWER LEFT OF CHECK)

ACCOUNT NUMBER
(2ND SET OF NUMBERS ON LOWER CENTER OF CHECK)

STAPLE VOIDED CHECK HERE

Option 3   ☐ **Checking Account** ☐ **Savings Account**

☐ $_____   ☐ Balance
Amount

_____
FINANCIAL INSTITUTION

_____
NAME (PLEASE PRINT)

_____
CITY   STATE

_____
SIGNATURE

BANK ROUTING NUMBER
(1ST SET OF NUMBERS ON LOWER LEFT OF CHECK)

ACCOUNT NUMBER
(2ND SET OF NUMBERS ON LOWER CENTER OF CHECK)