

# 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

**PLEASE EMAIL MY PAYSTUB TO:** \_\_\_\_\_

**STAPLE  
VOIDED  
CHECK  
HERE**

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

\$ \_\_\_\_\_    Balance  
Amount

\_\_\_\_\_  
FINANCIAL INSTITUTION

\_\_\_\_\_  
NAME (PLEASE PRINT)

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
SIGNATURE

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*BANK ROUTING NUMBER*  
(1<sup>ST</sup> SET OF NUMBERS ON LOWER LEFT OF CHECK)

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*ACCOUNT NUMBER*  
(2<sup>ND</sup> SET OF NUMBERS ON LOWER CENTER OF CHECK)

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

\$ \_\_\_\_\_    Balance  
Amount

\_\_\_\_\_  
FINANCIAL INSTITUTION

\_\_\_\_\_  
NAME (PLEASE PRINT)

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
SIGNATURE

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*BANK ROUTING NUMBER*  
(1<sup>ST</sup> SET OF NUMBERS ON LOWER LEFT OF CHECK)

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*ACCOUNT NUMBER*  
(2<sup>ND</sup> SET OF NUMBERS ON LOWER CENTER OF CHECK)

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

\$ \_\_\_\_\_    Balance  
Amount

\_\_\_\_\_  
FINANCIAL INSTITUTION

\_\_\_\_\_  
NAME (PLEASE PRINT)

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
SIGNATURE

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*BANK ROUTING NUMBER*  
(1<sup>ST</sup> SET OF NUMBERS ON LOWER LEFT OF CHECK)

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*ACCOUNT NUMBER*  
(2<sup>ND</sup> SET OF NUMBERS ON LOWER CENTER OF CHECK)

**STAPLE  
VOIDED  
CHECK  
HERE**