



Direct Deposit Authorization

I, _____ authorize my current employer,
_____ to use this check for the purpose of verifying my account(s) for the direct deposit of my
payroll check.

_____ - to Checking Account
(% or \$)

_____ - to Savings Account
(% or \$)

Routing and Transit Number: _____

Account Number: _____

Banking Institution: _____

Please tape a copy of a voided check below:

- * *For checking accounts please attach an actual voided check*
- * *For savings accounts please attach an actual voided deposit slip
(Be sure to verify that both Routing & Transit and Account numbers are on the deposit slip)*

Signature: _____ Date: _____