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 _____

::										::

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)