

DIRECT DEPOSIT AUTHORIZATION

****Please Attach a Voided Check or Deposit Slip to this Form** Thank You**

Please Check the Appropriate Box:

New Account
Change Amount
Cancel Deposit

Bank Name: _____

Transit Number: _____

Employee Bank Account: _____

ACCOUNT TYPE: (Check One)

Full Deposit

Partial Deposit

_____ **Savings**

_____ **Savings Amount**

_____ **Checking**

_____ **Checking Amount**

If you check full deposit, check either savings or checking in box provided. If you check partial deposit, specify amount in the spaces provided

AUTHORIZATION GIVEN BY:

Employee Name: (Print) _____

Employee Signature: _____

Date: _____