



DIRECT DEPOSIT AUTHORIZATION

Name <i>(please print)</i> _____	Date Submitted: _____
Social Security Number: _____ — _____ — _____	Birthdate: _____

Add	Change	Cancel the following deposit <i>(pick one)</i>
Name of Financial Institution: _____		
Routing #: _____ Account #: _____		
Checking	Savings	Paycard <i>(pick one)</i>

Amount of deposit <i>(pick one)</i>		
Net (Remainder) deposited		
Specific amount deposited \$ _____ <i>(indicate amount)</i>		

Add	Change	Cancel the following deposit
Name of Financial Institution: _____		
Routing #: _____ Account #: _____		
Checking	Savings	Paycard <i>(pick one)</i>

Amount of deposit <i>(pick one)</i>		
Net (Remainder) deposited		
Specific amount deposited \$ _____ <i>(indicate amount)</i>		

I authorize you and the financial institution below to deposit my pay automatically to my checking account each payday. Adjusting entries to correct errors are also authorized. This authorization is to remain in full force and effect until written notification is given to the COMPANY of its termination and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Signature:

Date:

Email address:

PLEASE ATTACH A VOIDED CHECK (CHECKING)