



DIRECT DEPOSIT AUTHORIZATION

I authorize you and the financial institution(s) listed below to initiate ACH credit entries, and if necessary, debit entries for any erroneous credit entries, each payday to my accounts as listed below.

This authority will remain in effect until I have cancelled it in writing.

Date

Name (Please Print)

Signature

Please complete the following for all accounts you wish to use:

List Primary account 1st

For split deposits list the \$ or % amount per paycheck you want deposited to that account, the remainder will deposit into your primary account.

Bank Name	Checking	Savings	Routing #	Account #	Amount (Full, \$ or %)