

□ Checking □ Savings

I wish to deposit: \$ _____ or □ Entire Net Amount

EMPLOYEE DIRECT DEPOSIT AUTHORIZATION

Employee Name:				_
understand that in the event my en	ployer immediately of an apployer notifies my finant account for the amount of ransfer into my account of	y changes to the info cial institution that I of the adjustment. I u due to any action I ta	ormation so that m am not entitled to inderstand that in take; that I am respo	y pay may be properly distributed. I the funds deposited to my account, the event my financial institution is onsible for any resulting bank fees
	John Jones 124 Main Street Anywhere, MA 02345 Pay to the order of: 23456789 23456789 2345678 9 digit Account Routing Number Number (1-17 dig	t Check		
Account Information				
Make sure to indicate what kind	of account, along with	amount to be depos	sited, if less than	your total net paycheck.
1. Bank Name/City/State:				
Routing Transit #:	Accoun	Account Number:		
□ Checking □ Savings				
I wish to deposit: \$	or □ Entire Net An	nount		
2. Bank Name/City/State:				

3. Bank Name/City/State: ________ Account Number: _______ Account Number: _______ Checking □ Savings

I wish to deposit: \$ ______ or □ Entire Net Amount

Employee Signature _______ Date ______

Routing Transit #: _____ Account Number: _____