

Direct Deposit Authorization

I authorize you and the financial institution listed below to initiate electronic credit entries to my

checking account

savings account

each payday. Corrections, if necessary, will be made on future pay periods. This authority will remain in effect, until I cancel it in writing.

FINANCIAL INSTITUTION

DATE

BRANCH

NAME (please print)

CITY, STATE

SIGNATURE

□□□□□□□□

TRANSIT/ROUTING (ABA) NUMBER

□□□□□□□□□□□□□□

ACCOUNT NUMBER AT FINANCIAL INSTITUTION