## DIRECT DEPOSIT AUTHORIZATION FORM

Fill in the boxes below, sign the form, and attach a copy of a voided check.

Last Name		First Name	MI
Social Security Number		Work Phone	
Action Ef	fective Date		
Name of Financial Institution			
Account Number (Inc	clude hyphens but omit spaces and special symbols.)	Type of Account	gs
Routing Transit Number	(All 9 boxes must be filled. The first two numbers must be 01 through 12 or 21 through 32.)	Ownership of Account	
By signing this agreement, I authorize to initiate credit entries to the account indicated above for the purpose of expense and/or payroll. I also authorize to initiate, if necessary, debit entries and adjustments for any credit entries made in error.			
Signature		Date	
If the account is a joint account or in someone else's name, that individual must also agree to the terms stated above by signing below.			
Signature		Date	
HOW TO COMPLETE THIS FORM			
<ol> <li>Fill in all boxes above.</li> <li>Sign and date the form.</li> </ol>			
Call your financial institution to make sure they will accept direct deposits.	JOHN PUBLIC 123 Main Street Your Town, LA 12345	20	1234
(TIP) Verify your account number and routing transit number with your financial institution	PAY TO THE ORDER OF		\$
<b>TIP</b> Do not use a deposit slip to verify the routing number.	<u>Your Town Bank</u> Your Town, LA 12345		DOLLARS
Routing Transit Number	For 	)  -	

NOTE: THE ACCOUNT AND ROUTING NUMBER MAY APPEAR IN DIFFERENT PLACES ON YOUR CHECK.