Direct Deposit



Complete this form and give it to your employer / payer.

If they prefer to use their own form, you can use this as a reference.

Deposit Account #1 Bank Na	ame:
Account Number: Routing Number: Account Type: Checking Savings	Deposit Amount: (Percentage or dollar amount)
Deposit Account #2 Bank Name:	
Account Number: Routing Number: Account Type: Checking Savings	Deposit Amount: (Percentage or dollar amount)

Deposit Account #3 Bank Name:

Account Number:		Deposit Amount:
Routing Number:		
Account Type:	Checking Savings	(Percentage or dollar amount)

I authorize ______ (company name) to initiate deposits and, if necessary, withdrawals to correct erroneous deposit entries to my account(s) listed above. I understand that this authorization replaces any previous authorization, and will remain in effect until the company named above has received written notification from me of its termination in a reasonable enough time to act.

Name:	
Signature:	
Date:	



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