

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 Name:	
Account Number:		Deposit Amount:	
Routing Number:			
Account Type:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings		(Percentage or dollar amount)

Deposit Account #2		Bank Name:	
Account Number:		Deposit Amount:	
Routing Number:			
Account Type:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings		(Percentage or dollar amount)

Deposit Account #3		Bank Name:	
Account Number:		Deposit Amount:	
Routing Number:			
Account Type:	<input type="checkbox"/> Checking <input type="checkbox"/> 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: _____