

# DIRECT DEPOSIT AUTHORIZATION FORM

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## Employer Information

Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_,  
\_\_\_\_\_, \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
Email: \_\_\_\_\_

## Employee Information

Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_,  
\_\_\_\_\_, \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
Email: \_\_\_\_\_  
Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_  
Identification Number: \_\_\_\_\_

## Financial Institution

Name: \_\_\_\_\_  
Address: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
Email: \_\_\_\_\_  
Routing Number: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Type of Account: ☐ Checking ☐ Savings

I hereby authorize \_\_\_\_\_ [Employer Name] to deposit all payments due to me into the account(s) listed above. In addition, I grant \_\_\_\_\_ [Employer Name] the authority to take any corrective actions, including debits, as needed, in relation to these deposits. This authorization will remain in effect until I provide written notice to modify or cancel it.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

