

# Direct Deposit Authorization Form

By completing this form, you consent for **[company name]** to deposit your wages, minus applicable taxes, directly into your bank account on a week/bi-weekly/monthly basis. This form is not valid without the signature of the accountholder.

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Name (please print)

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Address

City

State

ZIP

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Phone

Date (MM/DD/YY)

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Signature

## Banking Information

Account Number: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_

Address of Financial Institution: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

