**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.*

Name (please print)

Address City State ZIP

Phone Date (MM/DD/YY)

Signature

**Banking Information**

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

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

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

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

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