

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: _____
