## **DIRECT DEPOSIT AUTHORIZATION FORM**

Fill in the boxes below and sign the form.

Last Name	First Name MI
Social Security Number  — — — — — — — — — — — — — — — — — — —	Work Phone  — — — — — — — — — — — — — — — — — — —
Action Effective Date  New Change Cancel Month Day Year	
Name of Financial Institution	
Account Number (Include hyphens but omit spaces and special symbols.)	Type of Account  Checking Savings
Routing Transit Number  (All 9 boxes must be filled. The first two numbers must be 01 through 12 or 21 through 32.)	Ownership of Account  Set Jain Other
By signing this agreement, I authorize	to the account indicated above for the purpose of expense and/or payroll.  It is and adjustments for any credit entries made in error.
Signature	Date
If the account is a joint account or in someone else's name, that individual must also agree	to the lerms stated above by signing below.
Signature	Date

## **HOW TO COMPLETE THIS FORM**

- 1. Fill in all boxes above.
- 2. Sign and date the form.

Call your financial institution to make sure they will accept direct deposits.	JOHN PUBLIC 123 Main Street Your Town, FL 12345	19	1234
Verify your account number and routing transit number with your financial institution	PAY TO THE ORDER OF	\$	
TIP Do not use a deposit slip to verify the routing number.	Your Town Bank Your Town, FL 12345		DOLLARS
Routing Transit Number  Account Number	(250000005): 1(234556789022)    NOTE: THE ACCOUNT AND ROUTING NUMBER MAY APPEAR IN DIFF	ERENT PLACES ON YOUR CHECK.	