



Take this completed form to your employer's payroll department to request direct deposit of your payroll check.

CUSTOMER INFORMATION

Customer Name			
Address	City	State	ZIP

FINANCIAL INSTITUTION INFORMATION

Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Account number	
ABA Routing Number	

AUTHORIZATION

<p>I authorize (name of business) _____ and my bank to automatically deposit my payroll check into my account listed above. This authorization will remain in effect until I give written notice to cancel it.</p>	
Customer Signature	Date