

## DIRECT DEPOSIT AUTHORIZATION FORM

Fill in the boxes below and sign the form.

Last Name

First Name

MI

Social Security Number

Work Phone

Action

☐  
New ☐  
Change ☐  
Cancel

Effective Date

  
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

☐  
Self ☐  
Joint ☐  
Other

By signing this agreement, I authorize \_\_\_\_\_ to initiate credit entries to the account indicated above for the purpose of expense and/or payroll. I also authorize \_\_\_\_\_ to initiate, if necessary, debit entries 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 terms stated above by signing below.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## HOW TO COMPLETE THIS FORM

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



**TIP**

Call your financial institution to make sure they will accept direct deposits.



**TIP**

Verify your account number and routing transit number with your financial institution



**TIP**

Do not use a deposit slip to verify the routing number.

Routing Transit Number

Account Number

JOHN PUBLIC  
123 Main Street  
Your Town, FL 12345

1234

19

PAY TO THE  
ORDER OF

\$

Your Town Bank  
Your Town, FL 12345

DOLLARS

For

⑆250000005⑆ 1234556789022⑈

NOTE: THE ACCOUNT AND ROUTING NUMBER MAY APPEAR IN DIFFERENT PLACES ON YOUR CHECK.