Direct Deposit Authorization Form

Date:

Please print and complete ALL the information below. Name: Address: City, State, Zip: 0259 (123456789) 1234567891011 (0259 9 digit Account Check Routing Number Number Number (do not include) (1-17 digits) Name of Bank: Account #: 9-Digit Routing #: % or Entire Paycheck Amount: Type of Account: Checking Savings (Circle One) Overlee is hereby authorized to directly deposit my pay to the account listed above. This authorization will remain in effect until I modify or cancel it in writing. Employee Signature: