Do not image this form.

Company Direct Deposit Form

Employee Name _____

I authorize _____ to automatically deposit my net wage payment each pay period to my:

☐ Checking Account ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

☐ Savings Account ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Routing Number
324173626

Employee Signature _____ Date _____

Complete this form and submit it to your employer's payroll clerk. The clerk may have another employer form for you to complete. This form is intended to be an easy way to remember the account numbers you will need to start direct deposit.