**Direct Deposit Authorization Form**

*By completing this form, you consent for* ***[company name]*** *to deposit your wages, minus applicable taxes, directly into your bank account on a week/bi-weekly/monthly basis. This form is not valid without the signature of the accountholder.*

**Name (please print)**

**Address City State ZIP**

**Phone Date (MM/DD/YY)**

**Signature**

**Banking Information**

**Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Routing Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Financial Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address of Financial Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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