

DIRECT DEPOSIT AUTHORIZATION

□ I wish to have my payment direct deposited via EFT (Electronic Fund Transfer) to the below bank account.

BANK INFORMATION: Bank Name:	
	Checking Account (attach a voided check to this Authorization):
	Savings Account:
	Banking (ABA) Routing Number:
	Account Number:
	If necessary, please contact your bank to obtain any of the above information.

An Automatic Credit Entry (ACH) transaction that falls on a non-business day will be processed on the following business day. (Example: April 1, 2018 falls on a Sunday so your entry will be on April 2, 2018)

EMPLOYEE AUTHORIZATION:

Signature

Date