



Direct Deposit Authorization

Please print and submit in person.

Account #1 Information			
Financial Institution:			
Checking:		Savings:	
Account Number:			
Routing Number:			9 digits
Amount to Deposit into account:			
\$ _____	OR	_____ %	OR Full Net Amount

Account #2 Information			
Financial Institution:			
Checking:		Savings:	
Account Number:			
Routing Number:			9 digits
Amount to Deposit into account:			
\$ _____	OR	_____ %	OR Full Net Amount

Account #3 Information			
Financial Institution:			
Checking:		Savings:	
Account Number:			
Routing Number:			9 digits
Amount to Deposit into account:			
\$ _____	OR	_____ %	OR Full Net Amount

Name: _____

Email: _____

Signature: _____ Date: _____