

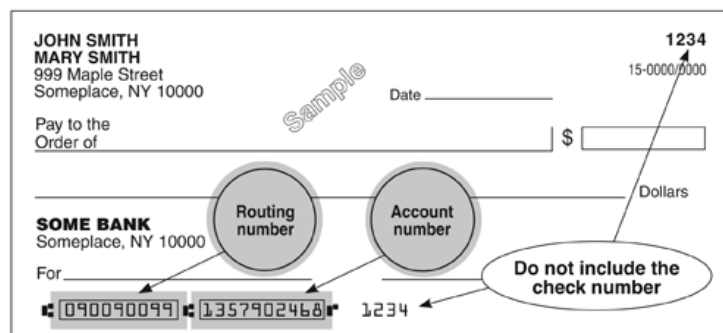
Employee Direct Deposit Authorization Form

Employee's Name: _____ Social Security #: _____

I authorize _____ (Employer Name)
to deposit my net paycheck automatically to the checking or savings account indicated below and, if
necessary, to adjust or reverse a deposit for any payroll entry made to my account in error. I
acknowledge that the origination of ACH transactions to my account must comply with U.S. law.

NOTE: Direct Deposit is **NOT** available for Green Dot Bank (Example: Walmart Money Card) whose
routing number is: 124303120.

1. Name on Checking or Savings Account: _____
2. Name of Financial Institution: _____
3. Financial Institution Routing Number (see sample check below): _____
4. Financial Institution Account Number (see sample check below): _____
5. Type of Account (check one box): ☐ Checking ☐ Savings



Note: The routing and account numbers may appear in different places on your check.

I understand this direct deposit authorization will remain in full force and effect until I notify the employer listed above in writing to revoke this authorization. I understand the employer requires at least 7 days notice to cancel this authorization.

Employee's Signature: _____ Date: _____