Direct Deposit Authorization Form

Please print and complete ALL the information below. Name: Address: City, State, Zip: JobnJonas 124M.iinStreet AlT}'Wbele, MA 02345 0259 123456789 1234567891011 9 digit Routing Check Account Number Number (do not Inchide) (1-17 digits) Name of Bank: Account#: 9-Digit Routing#: **Type of Account:** Checking (Circle One) Savings [Ashia McGee and her Affiliated Companies created or to be created in future] is hereby authorized to directly deposit my pay to the account listed above. This authorization will remain in effect until I modify or cancel it in writing. Employee's Signature: Date: