

Date: _____

This letter authorizes _____ to deposit
(Employer)
the full amount of my pay each pay period **OR** \$_____ each pay period to the Financial
Institution indicated below.

Is the account to be credited a checking or savings account?

_____ Checking Account _____ Savings Account
(attach copy of canceled check)

Financial Institution Name: _____

Branch: _____

Financial Institution Address _____

City: _____ **State** _____ **Zip Code:** _____

Financial Institution Transit/ABA Number: 222371698 _____:

My Account Number: _____

_____/_____
My Signature **Date**

Bank ACH Contact Name (*Someone we can talk to at your bank*):

_____ Phone: _____

Attach canceled check here:

