

## Deposit Slip

Field	Value
Name of Bank	
Account Number	
9-Digit Routing Number	
Amount	<input type="checkbox"/> \$ _____ <input type="checkbox"/> _____ % or <input type="checkbox"/> Entire Paycheck
Type of Account	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

*Please attach a voided check for each bank account to which funds should be deposited.*

[Company Name] 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.

Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

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