

Direct Deposit Authorization

UPDATED 9/14/20



When submitting this form please attach a voided check, deposit slip (for savings), or a direct deposit form from your bank.

Fax your forms to Debbie @ 410-391-6834 & keep originals in the employee's file.

Today's Date:	
Store:	
Employee's Name:	
Social Security Number:	
Bank Name:	
Branch:	
Account Number:	
Routing Number:	
Account Type:	Checking: <input type="checkbox"/> Savings: <input type="checkbox"/>

Select one of the following options:

Direct Deposit

The undersigned hereby requests and authorizes my entire paycheck each pay period be deposited directly into the bank account named above.

Paycheck Card

The undersigned hereby requests and authorizes my entire paycheck each pay period be deposited directly onto a paycheck card.

Cancel Direct Deposit

The undersigned hereby cancels the authorization for direct deposit previously submitted.

Employee Signature:

Date: _____

Attach voided check/deposit slip here