

Employee's Signature:

DIRECT DEPOSIT AUTHORIZATION

Please print and complete ALL the information below. Name: Address: City, State, Zip: John Jones 124 Main Street Anywhere, MA 02345 (123456789) 9 digit Routing Check Account Number (do not include) Number Number (1-17 digits) Name of Bank: Account #: 9-Digit Routing #: %□ or □□ Entire Paycheck Amount: □□Savings (Check One) Type of Account: ☐ ☐ Checking Attach a voided check for each bank account to which funds should be deposited (if necessary) Almond Tree Protective Services, Inc. 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.