DIRECT DEPOSIT AUTHORIZATION

Please print and complete ALL the information below.

Name:	
Address:	
City, State, Zip	
	John Jones 124 Main Street Anywhere, MA 02345 Pay to the order of: Dotter Dotter Pay to the order of: Check Routing Number Number (1-17 digits) Check Number (do not include)
Name of Bank:	
Account #:	
9-Digit Routing	#:
Type of Accoun	:: □ Checking □ Savings (Check One)
	ict of Oostburg is hereby authorized to directly deposit my pay to the account authorization will remain in effect until I modify or cancel it in writing.
Employee's Sig	ature:
Date:	