Authorization Agreement for A/P Direct Deposit

Signature _____



Date _____

Section A: Employee Information			
Name (Last, First, MI)	-		
Social Security # XX	X-XX Departs	ment	
Section B: Account Number			
Account Type	Bank Name	Routing Code (RC)	
		Personal Account # (AC)	
1 Checking Savings		RC AC	
Routing and Account Numbers: Refer to the illustration below to determine your routing and account number Joe Smith 1234 Anystreet Court Anycity, AA 12346 Pay to the order of Bank Anywhere 123466789 : 123466789 123 1234 Routing Number Account Number 1234 1			