

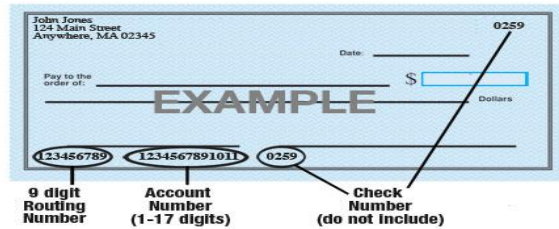
# Direct Deposit Authorization Form

You will continue to receive a paystub every Monday stating your gross income earnings, hours worked, and amount of taxes withheld. To begin Direct Deposits or to opt out, a dated signature is required below along with your bank information if you decide to proceed.

Name: \_\_\_\_\_ Last 4 SS# \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_



Name of Bank: \_\_\_\_\_

Account #: \_\_\_\_\_

9-Digit Routing #: \_\_\_\_\_

Amount:  \$ \_\_\_\_\_  \_\_\_\_\_ % or  Entire Paycheck

Type of Account:  Checking  Savings (Check One)

*Attach a voided check for bank account to which funds should be deposited (for confirmation purposes only).*

DelliQuadri Landscaping 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.

No, I do not wish to enroll in direct deposit. I would like to receive my weekly printed payroll check.

Employee's Signature: \_\_\_\_\_

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