Wright Way Company

DIRECT DEPOSIT AUTHORIZATION FORM

Last Name

First Name

MI

Action

☐ New ☐ Change ☐ Cancel

Effective Date

☐☐ Month ☐☐ Day ☐☐ Year

Telephone Number

☐☐☐ — ☐☐☐ — ☐☐☐☐

Name of Financial Institution

Account Number (Include hyphens but omit spaces and special symbols.)

Type of Account

☐ Checking ☐ Savings

Routing Transit Number (All 9 boxes must be filled. The first two numbers must be 01 through 12 or 21 through 32.)

Ownership of Account

☐ Self ☐ Joint ☐ Other

By signing this agreement, I authorize _____ to initiate credit entries to the account indicated above for the purpose of expense and/or payroll.
I also authorize _____ to initiate, if necessary, debit entries and adjustments for any credit entries made in error.

Signature _____ Date _____

If the account is a joint account or in someone else's name, that individual must also agree to the terms stated above by signing below.

Signature _____ Date

HOW TO COMPLETE THIS FORM

1. Fill in all boxes above.
2. Sign and date the form.

TIP **Call your financial institution to make sure they will accept direct deposits.**

TIP **Verify your account number and routing transit number with your financial institution**

TIP **Do not use a deposit slip to verify the routing number.**

JOHN PUBLIC
123 Main Street
Your Town, FL 12345

1234

19

PAY TO THE ORDER OF $

Your Town Bank DOLLARS
Your Town, FL 12345

For

⑆250000057⑆ 1234556789022⑈

Routing Transit Number

Account Number

NOTE: THE ACCOUNT AND ROUTING NUMBER MAY APPEAR IN DIFFERENT PLACES ON YOUR CHECK.