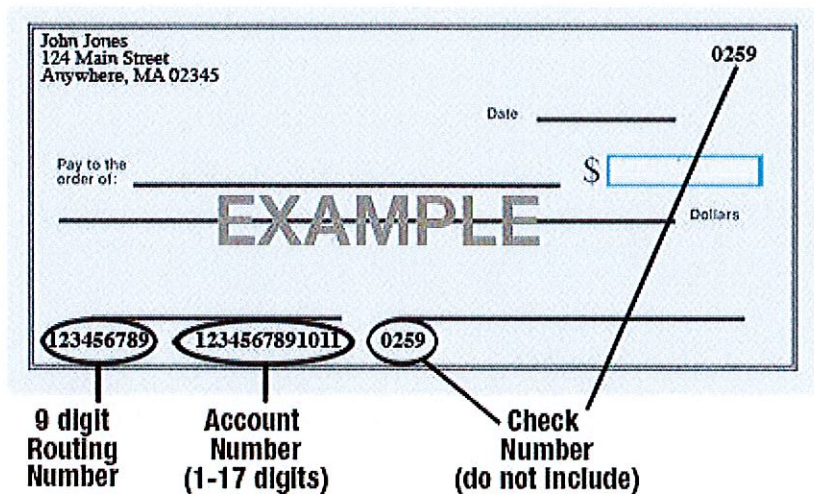


DIRECT DEPOSIT AUTHORIZATION

Please print and complete ALL the information below.

Name: _____
Address: _____ Email #: _____
City, State, Zip: _____ Phone #: _____



Name of Bank: _____
Account #: _____
9-Digit Routing #: _____
Amount: ☐ \$ _____ ☐ _____% or ☐ Entire Paycheck
Type of Account: ☐ Checking ☐ Savings (Check One)

Attach a voided check for each bank account to which funds should be deposited (if necessary)

Flat Rock Spwy [Company Name] 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.

Employee's Signature: _____

Date: _____

