



Direct Deposit Authorization Form

Please print legibly, and complete ALL of the information below.

Last Name: _____ First Name: _____

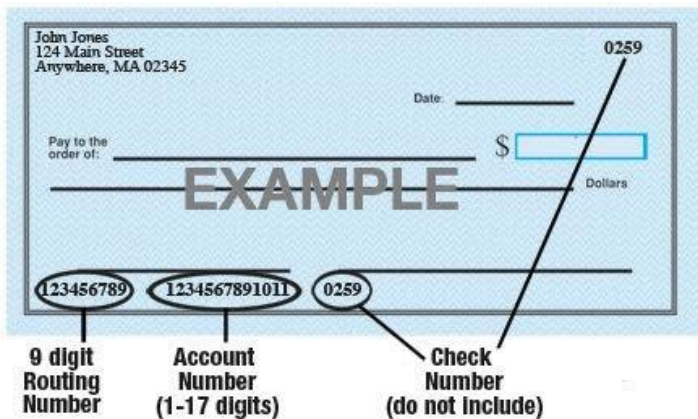
Social Security #: _____

Email Address: _____

___ New request ___ Change request

Account Type: ___ Checking ___ Savings Amount for this account: REMAINDER Bank Name: _____ Routing #: _____ Account #: _____
Account Type: ___ Checking ___ Savings Amount for this account: \$ _____ Bank Name: _____ Routing #: _____ Account #: _____

Attach voided check here



If you do not have checks or would like to have your paycheck deposited into a savings account, attach documentation from your bank that includes your name, account #, and routing #.

I authorize Work Opportunities Unlimited to automatically deposit any funds owed to my account(s) at the financial institutions(s) named above or to initiate electronic entries, and if necessary, debit entries and adjustments for any credit entries in error to my checking and/or savings account(s) listed above. This authorization will remain in effect until written authorization from me to change or cancel this request is received. I understand that it is my responsibility to contact my financial institution to confirm the bank routing number and account number. I am also responsible for notifying Payroll immediately of any changes to my bank/account information.

Employee Name (Print & Sign): _____

Date: _____