

Vendor Deposit Authorization Form

Please print and complete all the information below.

Name/Company Name: _____

Address: _____

City, State, Zip Code: _____

Name of Bank: _____

Account Number: _____

9-Digit Routing Number: _____

Type of Account: **Checking** **Savings** **(Check one)**

is hereby authorized to directly deposit my pay to the account listed above. Additionally, we are authorized to correct any errors that may occur during processing. This authorization will remain in effect until I modify or cancel it in writing.

Vendor signature: _____

Printed name: _____

Date: _____

Internal Use Only:

Vendor add date: _____

Signature: _____

Printed: _____

Please attach a voided check when you return this form.