

DIRECT DEPOSIT AUTHORIZATION

Please print and complete ALL the information below.

Name:	
Address:	
City, State, Zip:	
	John Jones 124 Main Street 0259
Name of Bank:	9 digit Account Check Routing Number Number Number (1-17 digits) (do not include)
Account #:	
9-Digit Routing #:	
Amount:	\$% or Entire Paycheck
Type of Account:	Checking Savings (Check One)
Attach a voided check	k for each bank account to which funds should be deposited (if necessary)
Goodyear All Ameri above. This authoriza	can Speedway is hereby authorized to directly deposit my pay to the account listed tion will remain in effect until I modify or cancel it in writing.
Employee's Signature	
Date:	