



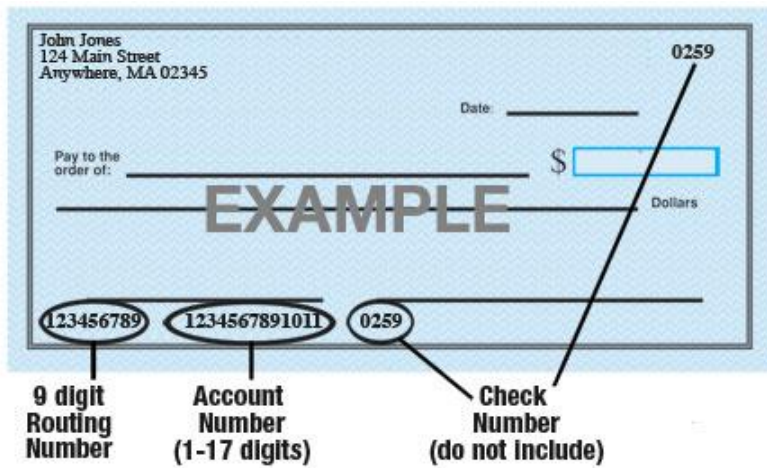
Direct Deposit Authorization Form

Print & complete the information below and provide to your company's payroll department.

Name: _____

Address: _____

City, State, Zip: _____



Name of Bank: **Monroe Savings Bank**

Account #: _____

9-Digit Routing #: **231271527**

Amount: \$ _____ _____ % or Entire Paycheck

Type of Account: Checking Savings (Check One)

Please attach a voided bank check to which funds should be deposited to (if necessary).

[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 Signature: _____

Date: _____