

Direct Deposit Authorization Form

Employee Name: _____

Department: _____

Social Security #: _____

Name, address, and phone number of bank to which funds will be sent:

Bank name: _____

Bank address: _____

Phone number: _____

Bank ABA or Transit Routing Number: _____

<u>Account number(s)* to which funds will be deposited:</u>	<u>\$ Amount(s) or %</u>
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Employee Authorization:

I authorize Allied Physical Therapy to deposit my paycheck to the institution(s) specified in the manner and amounts stated above. This authorization will remain in effect unless canceled by me in writing.

Employee Signature

Date