



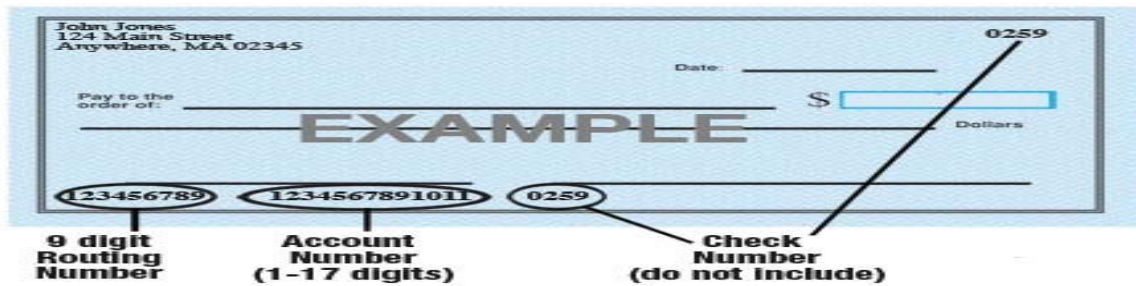
## Direct Deposit Authorization Form

Please print and complete ALL the information below for each applicable account.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_



### ACCOUNT #1

Name of Bank: \_\_\_\_\_ 9-Digit Routing #: \_\_\_\_\_

Type of Account: \_\_\_\_\_

Account #: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ OR \_\_\_\_\_%

### ACCOUNT #2

Name of Bank: \_\_\_\_\_ 9-Digit Routing #: \_\_\_\_\_

Type of Account: \_\_\_\_\_

Account #: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ OR \_\_\_\_\_%

Integrity HR Management, LLC 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: \_\_\_\_\_