



**Payee Authorization (Form DD-2)**

As a benefit to all employees, we will be offering Direct Deposit Service of your paycheck. Complete the information below and return this document to the payroll department. Retain a copy for your records.

Name: \_\_\_\_\_  
Last First M.I.

SSN#: \_\_\_\_\_

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

**Direct Deposit Information**

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

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

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

*You must include a voided check for checking accounts or a deposit slip for savings accounts.*