



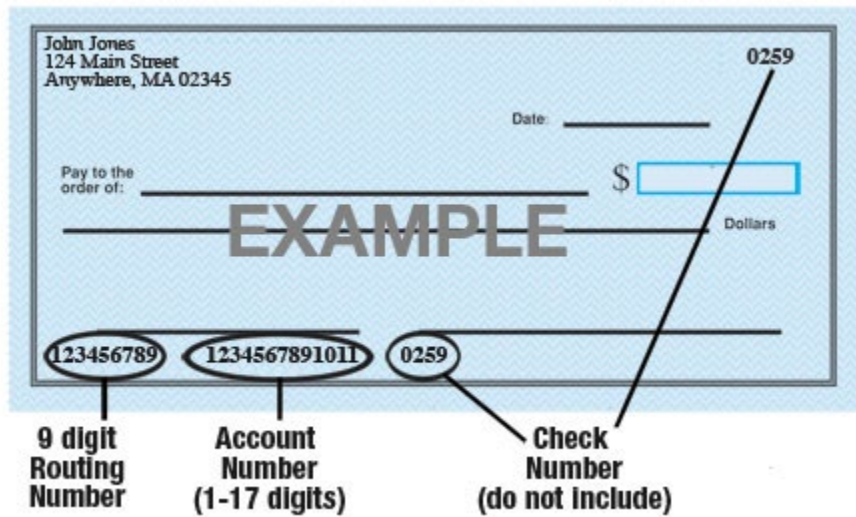
## Direct Deposit Authorization Form

Please print and complete ALL the information below.

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

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

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



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

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

9-Digit Routing #: \_\_\_\_\_

Amount: \_\_\_\_\_ % or  Entire Paycheck

Type of Account:  Checking  Savings

***Please attach a voided check for each bank account to which funds should be deposited. If no check copy is provided and an error occurs by you, your check will first have to be returned by the financial institution before we will reissue the funds.***

Registry Network Inc. 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: \_\_\_\_\_