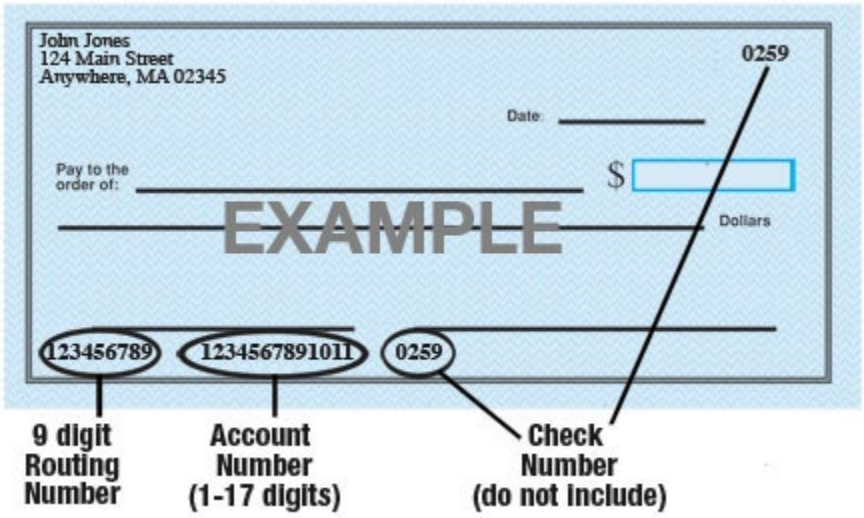
Direct Deposit Authorization Form

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: _____

Form Updated 9-3-26