



Authorization for Direct Deposit

I authorize 3B Inspection to deposit my pay automatically to the account(s) indicated below and if necessary, to adjust or reverse a deposit for any payroll entry made to my account in error. This authorization will remain in effect until I cancel it in writing and in such time as to afford 3B inspection a reasonable opportunity to act on it.

Bank Name:

Bank Routing Number:

Checking ☐

Savings ☐

Bank Account Number:

Deposit Entire Paycheck ☐ or Dollar Amount or Percentage

If requesting a split deposit – enter information below for second account.

Bank Name:

Bank Routing Number:

Checking ☐

Savings ☐

Bank Account Number:

Balance of to this account.

Please attached a voided check for each bank account.

Employee Signature

Date: