

Direct Deposit Authorization Form

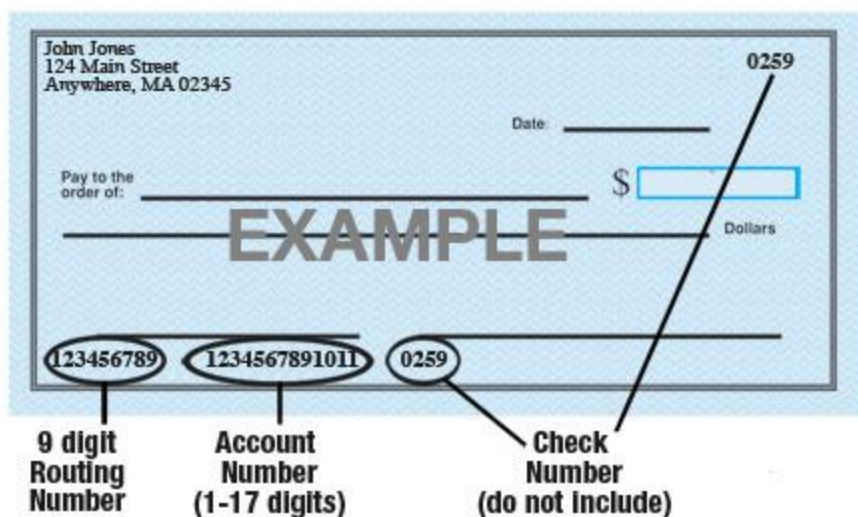
Please print and complete ALL the information below.

Name: _____

Social Security: _____ Birth Date: _____

Address: _____

City, State, Zip: _____



Name of Bank: _____

Account #: _____

9-Digit Routing #: _____

Amount: ☐ \$ _____ ☐ _____% or ☐ Entire Paycheck

Type of Account: Checking Savings (Circle One)

A voided check may be attached for each bank account to which funds should be deposited.

MDI Financial Services 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: _____