

Direct Deposit Authorization for Payroll Payments

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

To,

[Employer's Name]

[Company's Name]

[Company's Address]

[City, State, Zip Code]

Dear [Employer's Name],

I am writing to authorize direct deposit of my payroll payments into my bank account. Please find the necessary information below:

Bank Name: [Your Bank Name]

Account Type: [Checking/Savings]

Account Number: [Your Account Number]

Routing Number: [Your Routing Number]

This authorization will remain in effect until I provide written notice of its cancellation. I understand that I will receive notification of any deposits made to my account.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]