

Authorization for Direct Deposit

I authorize **Decoma Day Camp, Inc.** 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 **Decoma Day Camp, Inc.** a reasonable opportunity to act on it.

Name on bank account: _____

Bank Routing Number: _____

Bank Account Number: _____ Checking ___ Savings ___

Amount: \$_____ or entire paycheck: _____

Balance of pay to:

Name on bank account: _____

Bank Routing Number: _____

Bank Account Number: _____ Checking ___ Savings ___

Important: Please attach a voided check for each bank account to which funds should be deposited.

Employee signature: _____

Date: _____