

Office use only:

Date Entered: \_\_\_\_/\_\_\_\_/\_\_\_\_

Step 1 \_\_\_\_

Step 2 \_\_\_\_



**DIRECT DEPOSIT AUTHORIZATION FORM**

PLEASE FILL OUT FORM BELOW WITH COMPLETE BANKING INFORMATION,  
**ATTACH YOUR VOIDED CHECK ON TOP OF SAMPLE BELOW**  
 & FAX, E-MAIL OR BRING TO MAIN OFFICE.

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY, STATE ZIP \_\_\_\_\_ DATE \_\_\_\_\_

0123  
01-23456789

PAY TO THE ORDER OF **VOID** \$ XXXXXXXX

BANK NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY, STATE ZIP \_\_\_\_\_ DOLLARS

FOR \_\_\_\_\_

⑆0 12345678⑆ 0 1234567890 123⑆ 0 123

Routing Number Account Number

DIRECT DEPOSIT TAKES APPROXIMATELY 11 DAYS AFTER RECEIPT OF THE AUTHORIZATION FORM, IF NO VOIDED CHECK IS INCLUDED IT MAY TAKE LONGER, PLEASE SUBMIT A COMPLETE FORM TO INSURE PROMPT SERVICE.

**DIRECT DEPOSIT AUTHORIZATION**

**PLEASE FILL OUT AND RETURN TO PAYROLL DEPARTMENT WITH VOIDED CHECK!**

FAX: 202-408-8586  
 E-MAIL: HR@thechoiceinc.com

I authorize you and the bank listed below to deposit my net pay automatically to my account each payday. If funds to which I am not entitled are deposited to my account, I authorize you to direct the bank to return said funds. This authority will remain in effect until I have cancelled it in writing.

NAME: \_\_\_\_\_

ROUTING # \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

BANK: \_\_\_\_\_ ACCOUNT TYPE: CHECKING SAVINGS

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_