

DIRECT DEPOSIT AUTHORIZATION

OHIO STATE BOOKKEEPING, LLC

Full Legal Name: _____

Social Security Number: _____

Bank Name: _____

Routing Number: _____

Account Number: _____

Checking: Yes or No Savings: Yes or No

Check the appropriate item:

_____ **Direct deposit.**

The undersigned hereby requests and authorizes the entire amount of my paycheck each pay period to be deposited directly into the bank account named above.

_____ **Direct payroll deduction deposit.**

The undersigned hereby requests and authorizes the sum of _____ dollars (\$_____) be deducted from my paycheck each pay period and to be deposited directly into the bank account named above.

_____ **I would like to cancel my deposit authorization.**

The undersigned hereby cancels the authorization for direct deposit or payroll deduction deposited previously submitted.

Employee Signature

Date

Please attach a copy of voided check