



DIRECT DEPOSIT AUTHORIZATION FORM
FAX TO 804-359-3008 or E-MAIL TO payrolls@tbdrichmond.com

Please circle one: New Agreement Change Account Cancel Account

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

I hereby authorize The Bookkeeping Department to initiate credit or debit entries to my account with the financial institution indicated below. This authority is to remain in full force and effect until The Bookkeeping Department has received written notification from me of its termination in such time and in such manner as to afford The Bookkeeping Department and the financial Institution a reasonable opportunity to act on it. I understand this authorization is for my payroll earnings from my employer.

SELECT ACCOUNT TYPE: Checking Account Saving Account

EMPLOYER: _____

EMPLOYEE NAME: _____

SIGNATURE: _____ DATE: _____

Financial Institution #1
Name: _____ City, State, Zip _____

Transit ABA No. _____ Account No. _____

Amount to Deposit _____ % _____ \$\$\$

Financial Institution #2
Name: _____ City, State, Zip _____

Transit ABA No. _____ Account No. _____

Amount to Deposit _____ % _____ \$\$\$ Remainder of paycheck
Attach voided check for checking accounts OR savings deposit slip for savings accounts

Form will not be processed without information below

Form containing fields for name (Jane A. Doe), address (1000 Main St. Anywhere, USA 10001), date, pay to the order of, amount in dollars, memo, and routing/account numbers (123456789, 11484620040, 3680).

Labels for Transit/ABA No. and Account No. at the bottom of the form.