

## Direct Deposit Authorization

Please print and complete ALL the information below and provide to your employer for payroll processing.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Start My Direct Deposit

Type of Account: ☐ Checking ☐ Savings (Check One)

MICR Number: \_\_\_\_\_

Soarion Routing #: 314085504

Amount: ☐ \$ \_\_\_\_\_ ☐ \_\_\_\_\_ % or ☐ Entire Paycheck

I, \_\_\_\_\_ [*Member's name*], hereby authorized \_\_\_\_\_  
(Employer's name), to directly deposit my pay to the account listed above. This authorization  
will remain in effect until I modify or cancel it in writing.

Member's Signature: \_\_\_\_\_

Date: \_\_\_\_\_