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Direct Deposit Authorization

Name: _____

Last 4 of Social Security #: _____

Checking Account Information (Attach Voided Check)

Bank Name: _____

Account Routing Number: _____

Bank Account Number: _____

Amount Wishing to Deposit

- Entire pay **OR**
 _____ % of Net Pay **OR**
 Specific Dollar Amount \$ _____

Savings Account Information

Bank Name: _____

Account Routing Number: _____

Bank Account Number: _____

Amount Wishing to Deposit

- Entire pay **OR**
 _____ % of Net Pay **OR**
 Specific Dollar Amount \$ _____

Employee Signature: _____

Date: _____