



DIRECT DEPOSIT AUTHORIZATION FORM

Name: _____

Address: _____

City, St. Zip: _____

Phone Number: _____

AUTHORIZATION:

I hereby authorize Providence Community ABA, LLC to process direct deposit payroll to my account with the financial institution I provide. Providence Community ABA will not be accountable for same day payroll processing if the account and routing information is not accurate.

I understand a 2-week notice will be required allowing Providence Community, ABA to process account/routing number changes or any updates that impact payroll processing.

Signature Date

Bank Name: _____

Bank Routing # _____

Bank Account #: _____

Checking Account Savings Account I request 100% of my earnings to be desposited into this account.