



Direct Deposit Request Form

Please complete this form for Anthony Medical and Chiropractic Center payroll department to authorize direct deposit of your paycheck.

Employee Name:	
Phone #:	
Address:	

Please have my paycheck automatically deposited into the following account(s):

Checking Savings Bank Institute: _____ Amount: _____

Routing #: _____ Account #: _____

Checking Savings Bank Institute: _____ Amount: _____

Routing #: _____ Account #: _____

Example:



I authorize Anthony Medical and Chiropractic Center and my bank to automatically deposit my paycheck into my account listed above as well as authorize to correct any entries made in error. This authorization will remain in effect until I give written notice to cancel, change or update my banking information.

Employee Signature _____ Employee Name _____ Date _____

HR Initials: _____ Date: _____
