## **Direct Deposit Authorization Form**

Date:

Please print and complete ALL the information below. Name: Address: City, State, Zip: John Jones 124 Main Street Anywhere, MA 02345 0259 1234567891011 9 digit Check Account Routing Number Number (do not include) (1-17 digits) Name of Bank: Account #: 9-Digit Routing #: □ % Amount: Type of Account: Checking Savings (Circle One) MuscleEgg, llc is hereby authorized to directly deposit my pay to the account listed above. This authorization will remain in effect until I modify or cancel it in writing. Employee Signature: