## CHOICE LONG ISLAND

PUTTING PEOPLE TO WORK SINCE 1974

## **DIRECT DEPOSIT AUTHORIZATION FORM**

Please print and complete ALL the	e information bellow:
Name/Nombre:	SSN#
Address/ Direccion:	
City, State and ZIP/ Ciudad, EEstad	do y Codigo de Area
Name	10003
Address	10003
	DATE
PAY TO THE ORDER OF	\$
	DOLLARS
Bank Name	DOLLAND
0.000 MATERIAL DE 100 MATERIAL	
2125455765456	000987654321 10003  Bank AC Number Check Number
9 digit routing number	Bank AC Number Check Number
Name of Bank:	
Account Number:	
9- Digit Routing Number:	
Type of Account (Circle One):	Checking Savings
E-mail/ Correo:	
<b>CHOICE LONG ISLAND</b> 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	Date: