DIRECT DEPOSIT AUTHORIZATION

Please print and complete ALL the information below.

Name:		
Address:		
City, State, Zip:		
P o	Date Othe Othe Othe Othe Othe Othe Othe O	
9 d Rou Nun Name of Bank:	ng Number Number	
Account #:		
9-Digit Routing #:		
Type of Account : Attach a voided chec	☐ Checking ☐ Savings (Check C	
Whiz Kids Tutor	[Company Name] is hereby authorized to directly	
writing.	e. This authorization will remain in effect until I mod	ity or cancel it in
Employee's Signatui		
Date:		

