

**ARCH FORD EDUCATION SERVICE COOPERATIVE**  
**Direct Deposit Authorization Form**

You now have the opportunity to choose payroll direct deposit into your checking account. If you are interested, please fill out the information below, sign, date, and attach a voided check where indicated.

**Employee information:**

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

City and State: \_\_\_\_\_

Phone number: \_\_\_\_\_

**Banking Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**Routing Number:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

PLEASE ATTACH VOIDED CHECK HERE