



**PEASLEE
TECH**

Direct Deposit Authorization Form

Please attach a cancelled/voided check to the bottom of this form.

YOUR NAME: _____

BANK NAME: _____

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

CIRCLE ONE TYPE: CHECKING SAVINGS

PERCENTAGE OF CHECK OR DOLLAR AMOUNT: _____

2nd Account if desired:

BANK NAME: _____

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

CIRCLE ONE TYPE: CHECKING SAVINGS

REMAINING BALANCE OF CHECK WILL BE DEPOSITED TO THIS ACCOUNT.

SIGNATURE: _____

DATE: _____

Phone Number _____

Email _____