

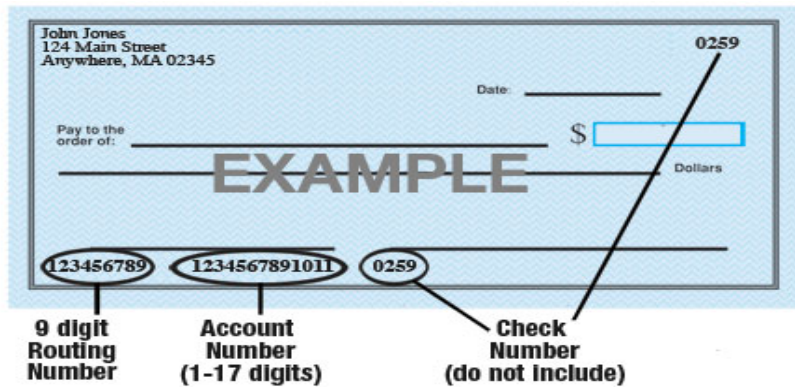


Direct Deposit Authorization Form

Name: _____

Address: _____

City, State, Zip: _____



Name of Bank: _____

Account #: _____

9-Digit Routing #: _____

Amount: \$ _____ _____% or Entire Paycheck

Type of Account: Checking Savings (Circle One)

Name of Bank: _____

Account #: _____

9-Digit Routing #: _____

Amount: \$ _____ _____% or Entire Paycheck

Type of Account: Checking Savings (Circle One)

Please attach a voided check for each bank account to which funds should be deposited.



PO Box 282
Paradise, PA 17562
717-687-9594
www.thefactoryministries.com

The Factory Ministries is hereby authorized to directly deposit my pay to the account(s) listed above. This authorization will remain in effect until I modify or cancel it in writing.

Employee Signature: _____

Date: _____