



## CONTRACTOR AUTHORIZATION FOR DIRECT DEPOSIT

Complete this form for each contractor electing direct deposit.

I, (contractor name) \_\_\_\_\_ authorize  
(company name) \_\_\_\_\_ to deposit my  
compensation automatically to the account indicated below and, if necessary, to adjust  
or reverse a deposit for any errors in my account. This authorization will remain in effect  
until I cancel it in writing.

### **Primary Direct Deposit**

Name on bank account: \_\_\_\_\_

Bank account number: \_\_\_\_\_ Checking  Savings

Bank routing number: \_\_\_\_\_

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

**Contractor signature:** \_\_\_\_\_

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