

Personal Information

Full Name: _____
Last First MI

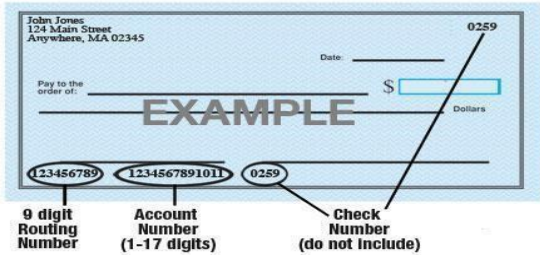
Address: _____
City State ZIP Code

Cell Phone: _____ Email: _____

SSN or Gov't ID: _____ Birth Date: _____

EMERGENCY Contact: _____ Phone: _____

Direct Deposit Authorization



YOU MUST ATTACH A VOIDED CHECK TO PROCESS THIS AUTHORIZATION

Name of Bank: _____ 9-Digit Routing #: _____

Type of Account: Checking Savings Account #: _____

Amount: \$ _____ or _____ % or Entire Paycheck

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

Safe-Ed. Coach is hereby authorized to directly deposit my pay to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Employee Signature: _____ Date: _____