



Authorization Form for Direct Deposit

Please complete this form and return it along with a voided check to:

Daniel Roberts Employment OR Fax: 617-728-4477
175 Federal Street, 12th Floor
Boston, MA 02110

I authorize Daniel Roberts Employment the authority to deposit my paycheck each week into my:

Checking account

Savings account

Authorization will be effective until I have cancelled it in writing to Daniel Roberts Employment. I also authorize Daniel Roberts Employment to make any necessary adjustments should an incorrect payment be entered into my account.

Date

Employee Name

Social Security Number

Bank or Financial Institution

Account Number

Employee Signature

*Please Note: An approved timesheet must still be submitted by Monday at 9:00 AM.

PLEASE STAPLE A COPY OF A VOIDED CHECK TO THIS FORM