



Office use only:
 Date Entered: _____
 Step 1 _____
 Step 2 _____

DIRECT DEPOSIT AUTHORIZATION FORM

PLEASE FILL OUT FORM BELOW WITH COMPLETE BANKING INFORMATION,
ATTACH YOUR VOIDED CHECK ON TOP OF SAMPLE BELOW
 & FAX, E-MAIL OR BRING TO MAIN OFFICE.

A sample voided check form with the word "VOID" in large letters across the center. Fields include: NAME, ADDRESS, CITY, STATE, ZIP; DATE; PAY TO THE ORDER OF; BANK NAME, ADDRESS, CITY, STATE, ZIP; and FOR. At the bottom, routing and account numbers are shown with brackets and labels: Routing Number and Account Number.

DIRECT DEPOSIT TAKES APPROXIMATELY 11 DAYS AFTER RECEIPT OF THE AUTHORIZATION FORM, IF NO VOIDED CHECK IS INCLUDED IT MAY TAKE LONGER, PLEASE SUBMIT A COMPLETE FORM TO INSURE PROMPT SERVICE.

DIRECT DEPOSIT AUTHORIZATION

PLEASE FILL OUT AND RETURN TO PAYROLL DEPARTMENT WITH VOIDED CHECK!

FAX: 202-408-8586
 E-MAIL: ops@thechoiceinc.com

I authorize you and the bank listed below to deposit my net pay automatically to my account each payday. If funds to which I am not entitled are deposited to my account, I authorize you to direct the bank to return said funds. This authority will remain in effect until I have cancelled it in writing.

NAME: _____

ROUTING # _____ ACCOUNT # _____

BANK: _____ ACCOUNT TYPE: CHECKING SAVINGS

SIGNATURE: _____ DATE: ____ / ____ / ____