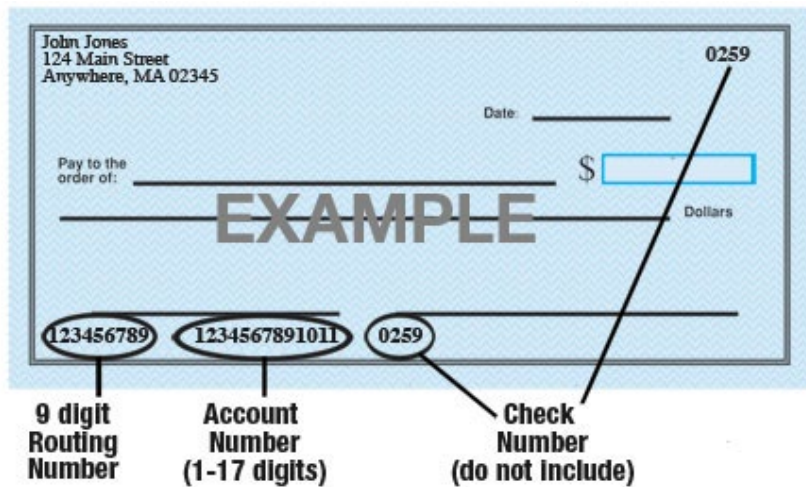


## Direct Deposit Authorization Form

Please print and complete all the information below.

Name: \_\_\_\_\_

Dept.: \_\_\_\_\_



Name of bank: \_\_\_\_\_

Account #: \_\_\_\_\_

9-digit routing #: \_\_\_\_\_

Type of account:           Checking           Savings

Sea Education Association is hereby authorized to directly deposit my pay to the account listed above. This authorization will remain in effect until I modify it or cancel it in writing.

Employee signature: \_\_\_\_\_

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