

Direct Deposit Authorization Form (Nonprofit)

Employee/Payee Information

Full Name

Address

City

State

ZIP Code

Email Address

Phone Number

Bank Information

Bank Name

Bank Branch

Account Type

Routing Number

Account Number

Authorization

I authorize the nonprofit organization to initiate direct deposit of payments to the bank account listed above. This authorization will remain in effect until I notify the organization in writing to cancel or change it.

Signature

Date