



Opies

DIRECT DEPOSIT AUTHORIZATION

Employee Name _____

ACCOUNT #1: Bank Name _____

Bank Routing Number _____

Account Number _____

Checking OR Savings

Amount to be Deposited (\$ or ALL) _____

ACCOUNT #2: Bank Name _____

Bank Routing Number _____

Account Number _____

Checking OR Savings

Amount to be Deposited (\$ or ALL) _____

ACCOUNT #3: Bank Name _____

Bank Routing Number _____

Account Number _____

Checking OR Savings

Amount to be Deposited (\$ or ALL) _____

**** PLEASE ATTACH A VOIDED CHECK TO THIS FORM ****

Employee Signature _____

P.O. BOX 89 • ELDON, MISSOURI 65026 • 573/392-6525 • DANNY OPIE, President