

# Direct Deposit Authorization Form



## Employee Information

NAME

ADDRESS

CITY

STATE

ZIP

PHONE NUMBER

EMPLOYEE ID (IF APPLICABLE)

## Bank Information

Sutton Bank

*Sutton Bank is Monzo's partner bank.*

NAME

1 South Main St

ADDRESS

Attica

OH

44807

CITY

STATE

ZIP

041215663

MONZO ACCOUNT NUMBER

ROUTING NUMBER

## Amount

My total paycheck     \_\_\_\_\_% of my paycheck     \$\_\_\_\_\_ of my paycheck

## Authorization

I authorize \_\_\_\_\_ (employer/payer) to automatically deposit my paycheck into my account listed above. This authorization will remain in affect until I give written notice to cancel it.

SIGNATURE

DATE