

Employee Direct Deposit Authorization Agreement

Please Check: First time for Direct Deposit Direct Deposit to a NEW acc					
I hereby authorize KTBlack Service debit entries and adjustments for below, hereafter called Depositor	any credit entries in e	rror to my acco	unt indicated	below and the de	
ITEM		EMPLOYEE INFORMATION			
Employee's Name					
Social Security Number					
Email Address					
Bank Name					
Bank Routing/Transit Number (must be 9 digits)					
Bank Account Number					
Is this a Checking or Savings Account?		Checkings	OR	Savings	
(X /	/		
NOTE For Checkings: Please include a copy of a VOIDED check, a screenshot from the banking app or a letter from the bank Please verify Routing/Transit Number with bank, include a letter from the bank					
PHONE	EMAIL	A D	DRESS		
(877) 475-4553	info@ktblack.co	90	Black Corp 0 SW 7th Avnarillo, Texa		