

Bank Verification Form for Direct Deposit

Applicant Information

Full Name: _____

Date of Birth: _____

Social Security Number (SSN): _____

Address: _____

Phone Number: _____

Email: _____

Employer Information

Company Name: _____

Employer Address: _____

Payroll Contact: _____

Phone Number: _____

Bank Information

Bank Name: _____

Bank Address: _____

Account Holder Name: _____

Account Number: _____

Routing Number: _____

Deposit Details

Full Direct Deposit

Partial Deposit – Amount: \$_____

Percentage-Based Deposit – Percentage: _____%

I authorize my employer to deposit my wages into the specified bank account.

Signature: _____ Date: _____