

# DIRECT DEPOSIT REQUEST FORM

Complete this form, print, and sign, then take it to your employer's payroll department to request direct deposit of your paycheck.

---

Customer Name

---

Address

---

City

State

ZIP Code

Please have my paycheck automatically deposited into the following account:

---

Name of Financial Institution

---

Account Number

---

Routing Number

Checking

---

Type of Account

*NOTE: You can find your account and routing numbers when you sign in to your SOLE online account or in to the SOLE Paycard mobile app.*

---

I authorize \_\_\_\_\_ (name of business) and my bank to automatically deposit my paycheck into my account listed above (this includes my authorization to correct entries made in error). This authorization will remain in effect until I give written notice to cancel it.

---

Customer Signature

Date