



DIRECT DEPOSIT AUTHORIZATION

Employee Full Name: _____

Name of Bank: _____

Check one: _____ Checking _____ Savings

Routing #: _____

Account #: _____

Name of Bank: _____

Check one: _____ Checking _____ Savings

Routing #: _____

Account #: _____

I, _____, hereby authorize Cypress Solutions, LLC to deposit my payroll earnings into the above described account. This shall remain in effect until canceled by me in writing to an authorized representative of the company.

Signature

Date