

IMC DIRECT DEPOSIT AUTHORIZATION

Please print and complete ALL the information below.

Name:	
Address:	
City, State, Zip:	
	John Jones 124 Main Street Anywhere, MA 02345
	Date:
	Pay to the order of: S Dollars
	EXAMPLE
	(23456789) (1234567891011) (0259)
	9 digit Account Check
	Routing Number Number Number (1-17 digits) (do not include)
Name of Dank	
Name of Bank:	
Account #:	
9-Digit Routing	#:
Amount:	□ \$% or □ Entire Paycheck
Type of Account	t:
Attach a voided o	check for each bank account to which funds should be deposited (if necessary)
inach a volaca c	
authorized to dire	IMC / Industrial Maintenance Contracting LLC is hereby ectly deposit my pay to the account listed above. This authorization will
remain in effect u	until I modify or cancel it in writing.
Employee's Sign	ature:
Date:	

