

## DIRECT DEPOSIT AUTHORIZATION

### IMPORTANT: REQUIRED FOR MBA TO PROCESS DIRECT DEPOSIT

The following amounts will be deducted from my paycheck **EACH PAY PERIOD**:  
Your name must appear on the account designated below and the attached voided check.

Description	Amount or Net
<input type="checkbox"/> Direct *Financial Institution Name: _____ Deposit Account No.: _____ #1 Routing Number: _____  Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Investment Account	Net Pay
<input type="checkbox"/> Direct *Financial Institution Name: _____ Deposit Account No.: _____ #2 Routing Number: _____  Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Investment Account	\$ _____
<input type="checkbox"/> Direct *Financial Institution Name: _____ Deposit Account No.: _____ #3 Routing Number: _____  Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Investment Account	\$ _____

\*Financial institutions include banks, savings and loans, credit unions, and investment accounts.

I hereby authorize Modern Business Associates to deduct from my paycheck the noted amounts **EACH PAY PERIOD** and to initiate adjustments if necessary for any entries made in error. Any changes must be in writing on the Direct Deposit Authorization form. **I understand that it may take up to 30 days before my deposit request is initiated.**

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

*Please attach one of the following for each direct deposit:*

- a voided **check** or copy of a **check**
- a copy of the *Financial Institution Identification Card* (for savings accounts)

**Note: Incomplete or unacceptable information will delay the start of your direct deposit(s).**

PLEASE FAX COMPLETED FORM TO THE MBA PAYROLL DEPARTMENT  
**727.563.1502 or 1.866.896.2528**