Payroll Direct Deposit Authorization Form

ompany:	Frontier Logistics	Frontier Transport	KPB Landbridge	Woodbridge
nployee Info	ormation			
ame:		Employee No		
ddress:				
ty:		State:		Zip:
ank Informa	tion			
ame of Bank	:			_
pe of Accou	nt: Checking	Savings		
John Jones				
124 Main Str Anywhere, M			0259	
		Date:		
Pay to the order of:	EVANA	\$		
	LXAW	PLL	Dollars	
123456789	1234567891011 (02	2		
9 digit	Account	Check		
Routing Number	Number (1-17 digits)	Number (do not include)		
	8 8 8	58 50		
Digit Routing	g#			

NOTE: IN ORDER TO PROCESS A DIRECT DEPOSIT, A VOIDED CHECK, OFFICIAL BANK DIRECT DEPOSIT FORM, OR AN OFFICIAL BANK PRINT OUT SHOWING YOUR ROUTING AND ACCOUNT NUMBERS IS REQUIRED AND MUST BE ATTACHED TO THIS FORM. NO EXCEPTIONS.

I hereby authorize my employer to directly deposit my pay to the account listed above. This authorization extends to any ACH or wire activity that may be necessary to ensure my payroll is correct. This authorization will remain in effect until I modify it.

Employee Signature	 Date	