

**K C TRANSPORTATION, INC.
DIRECT DEPOSIT AUTHORIZATION**

New Direct Deposit Order _____
Change Existing Direct Deposit Order _____

Date: _____

Employee Name: _____

Employee #: _____

**THE FOLLOWING AREA MUST BE FILLED OUT AND
SIGNED BY A BANK OFFICER AT YOUR FINANCIAL INSTITUTION**

	Transit and ABA Number	Checking Account #	Amount
1.	_____	_____	_____
	Name of Banking Institution: _____		
	Transit and ABA Number	Savings Account #	Amount
2.	_____	_____	_____
	Name of Banking Institution: _____		
	Transit and ABA Number	Savings Account #	Amount
3.	_____	_____	_____
	Name of Banking Institution: _____		

NOTE: If in any of these Account Numbers you will be depositing the balance of your check, print the word **BALANCE** on the "Amount" line.

Bank Officer Signature

Date

Employee Signature

Date