



Direct Deposit Authorization Form

Employee Name: _____

Social Security #: _____

Name, address, and phone number of bank to which funds will be sent:

Bank name: _____

Bank address: _____

Phone number: _____

Bank ABA or Transit Routing Number: _____

Account number* to which funds will be deposited: \$ Amount

*If depositing to a checking account, please provide a voided blank check below.

Employee authorization:

I authorize Arcis Investments to deposit my paycheck to the institution specified in the manner and amounts stated above. This authorization will remain in effect unless canceled by me in writing.

Employee Signature

Date

ATTACH CHECK HERE IF APPLICABLE

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