



Direct Deposit

Employee Information

First Name _____

Last Name _____

Address _____

City _____

State _____

Zip Code _____

Birth Date _____

Social Security Number _____

Federal and State Marital Status _____

Federal and State Exemptions _____

I hereby acknowledge that the above information is accurate to the best of my knowledge.

Signature _____ Date _____

Direct Deposit Authorization

I hereby authorize Lupine Lane to initiate automatic deposits at the financial institution named below. I also authorize Lupine Lane to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Lupine Lane responsible for any delay of loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funding to my account.

This agreement will remain in effect until Lupine Lane receives a written notice of cancellation from me or my financial institution or until I submit a new direct deposit form to Lupine Lane.

Name of Financial Institution _____

Type of Account (checking or savings) _____

Routing Number _____

Account Number _____

Authorized Signature (Primary) _____ Date _____

Authorize Signature (Signature) _____ Date _____