

**p.b. gast & sons company, inc.**  
Direct Deposit Authorization Form

Employee Name: \_\_\_\_\_

I hereby elect to make the following direct deposit of my payroll check into the following account(s):

Bank Name:			Account Number:
Address:			ABA Number:
City:	State:	Zip:	Deposit Amount:

Bank Name:			Account Number:
Address:			ABA Number:
City:	State:	Zip:	Deposit Amount:

Bank Name:			Account Number:
Address:			ABA Number:
City:	State:	Zip:	Deposit Amount:

*\*\* Please attach a voided check or deposit slip with the above numbers \*\**

Date: \_\_\_\_\_

Signature: \_\_\_\_\_