



Direct Deposit Consent Form

I, _____; hereby authorize (**Akamai**) to deposit the sum of my regular paycheck into (**Bank**) _____, located in the state of _____.

Routing #: _____, **Account #:** _____.

Checking Acct. **OR** **Savings Acct.**

I understand that my consent can be withdrawn at any time, provided it is done so in writing.

Print Name of Employee

Signature of Employee

Social Security No.: _____ -- _____ -- _____

Date: _____

Office Use:

Approved By: _____ Date: _____

First Expected Deposit: ____/____/____