



Direct Deposit Authorization

Foundations Group of MN, Inc. is hereby authorized to deposit my pay into my account identified as and held at the financial institution identified below, and I certify that such account exists.

This authorization shall remain in effect until I give written notification of any change to my financial institution and/or account number.

I have attached a blank voided check (for deposits to checking account) or deposit slip (for deposits to savings account) solely for the purpose of verifying my account number and the financial institution's transit number.

Employee Signature

Social Security Number

Date

TYPE OF ACCOUNT (CHECK ONE OF THE FOLLOWING):

Checking

Savings

Financial Institution Name and Address: _____

Attach Voided Check or Deposit Slip