



Green60 Direct Deposit

EMPLOYEE AUTHORIZATION FORM

DATE: _____

EMPLOYEE BANKING INFORMATION

Full Name on _____
Account: _____ Bank Name: _____
Account _____
Number: _____ Routing Number: _____
Social Security _____
Employer Name: _____ Number: _____

INSTRUCTIONS

Complete the form, attach a voided check and scan or make a copy. Then Fax it to **949-863-9873** or email to Mark@Green60.com, If you have any questions call us at **877-340-3400**.

Attach voided check from account here: _____

NOTE – This form must be completed for each employee receiving Direct Deposit - If form is incomplete, Direct Deposit will not be accepted.

SIGNATURE

Print Name: _____

Employee
Signature: _____

Comments: