



DIRECT DEPOSIT AUTHORIZATION

PLEASE GIVE THIS FORM TO YOUR PAYROLL DEPARTMENT
Your Direct Deposit will be active within 4-6 weeks

Dear Payroll Administrator,

Please initiate Direct Deposit for: My Entire Check or
 \$_____.00 per Pay Period

Please deposit to my: Checking Savings

Logix Account Number:

Please list your account number as it appears on your statement (do not include suffixes). For deposits to checking, attach a voided check.

**Logix
P.O. Box 6759
Burbank, CA 91510**

Routing & Transit Number / ABA 3 2 2 2 7 4 1 8 7

Name (Please Print): _____

Signature & Date: _____

Dear Payroll Administrator: These specifications are to be used when your Payroll processing system creates an electronic entry to the Automated Clearing House for processing. If you have questions, please call (800) 328-5328.