



Direct Deposit Form

Complete this form, sign it, and give it to your employer's payroll department.



Your Personal Information

Full Name

Social Security Number or Employee ID



Direct Deposit Instructions

Deposit into one or two Discover, a division of Capital One, N.A., accounts.

Routing Number: **031100649**

Discover Account

☐ Checking ☐ Savings ☐ Money Market

Account Number (No Dashes, Please)

Amount to Deposit

☐ Entire Net Pay or ____ % or \$ ____

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Account Number (No Dashes, Please)

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Authorization

By signing below, I direct _____ (Employer Name) to distribute my earnings and, if necessary, to initiate any earnings adjustments to correct any errors, to my Discover account(s) as noted above. I understand that this directive will remain in effect until I notify my employer in writing of its termination in such time as to afford the company and Discover a reasonable opportunity to act.

Account Holder Name (Please Print)

Account Holder Signature (Please Sign)

Date (Format: MM/DD/YYYY)

This authorization form is valid only to initiate a direct deposit of funds to a Discover deposit account. Participation in direct deposit is contingent upon your employer offering the service and your eligibility to participate.