



# Direct deposit form

Provide this completed form to your employer or payment provider (your provider may have their own form). It may take **1-2 pay periods** for your direct deposit to take effect.



## Your info

Name

Address

City

State

ZIP code

Phone



## Direct deposit instructions

### Ally Bank account

Checking or Money Market  Savings

Routing number: 124003116

Account number

Deposit entire amount

Percentage

Dollar amount

 % or  \$

### Ally Bank account 2 (optional)

Checking or Money Market  Savings

Routing number: 124003116

Account number

Deposit remaining amount

Percentage

Dollar amount

 % or  \$

## Authorization

By signing below, I authorize \_\_\_\_\_ (employer/payer) to electronically credit my Ally Bank accounts listed above and, if necessary, to electronically debit my accounts to correct erroneous entries. This authorization remains in effect until I notify my employer or payment provider in writing, or as otherwise specified with a reasonable period of time to act.

Signature

Date

**Ally Bank**  
ATTN: Deposit Operations  
1100 Virginia Dr., Suite 150  
Fort Washington, PA 19034

**Ally Bank, Member FDIC** | Questions? Call 1-877-247-2559 or visit [ally.com](https://ally.com)



### Voided check (optional)

Here's an example of a voided check in case your employer or payment provider asks for one. If you have a physical check, you can attach it here.

#### Ally Bank account

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE \_\_\_\_\_

PAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ DOLLARS

**ally** 124003116 \_\_\_\_\_ = \_\_\_\_\_

#### Ally Bank account 2

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE \_\_\_\_\_

PAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ DOLLARS

**ally** 124003116 \_\_\_\_\_ = \_\_\_\_\_