

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

Direct deposit form



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

=
