

# DIRECT DEPOSIT AUTHORIZATION FORM

I hereby authorize deposit of my pay directly to my account each payday and to initiate, if necessary, debit entries and adjustments for any payroll deposit entries made in error to my account. This authority will remain in effect until I file a new Authorization form.

EMPLOYEE INFORMATION AND AUTHORIZATION			
EMPLOYEE NUMBER		*EMPLOYEE NAME (PRINT as it appears on Payroll)	
DEPT. NUMBER	*DATE	*EMPLOYEE SIGNATURE	
FINANCIAL INSTITUTION INFORMATION			
*NAME		BRANCH LOCATION NAME	
ADDRESS		TELEPHONE NUMBER	
		CONTACT NAME	

## CHECK ONE:

**I am NOT currently participating in the Direct Deposit Program**

\*  ADD - Deposit my pay to the account shown. \*

**I am currently receiving my pay through Direct Deposit**

CHANGE - Change financial institutions and /or account number \*

CANCEL - Stop my participation in the program

\* Due to the time required for company and bank processing, allow one or two pay periods for processing. You will receive a regular paycheck until the change can be processed.

Attach Your Voided Check or Savings Deposit/Withdrawal Here

Type of Account (Check One):  Checking Account  Savings Account

Auxiliary On-Us Field used ONLY on checks longer than 6 in.	* AFFIX CHECK HERE		
	Align Check at this corner		
AUXILIARY ON-US-FIELD	TRANSIT NO FIELD	BANK ON-US FIELD	AMOUNT FIELD