

DIRECT DEPOSIT AUTHORIZATION

New Enrollment Change Enrollment Cancel Enrollment

Name	Employee Number		
Address	Social Security Number		
City	State	ZIP	Phone

I wish to have my employer deposit my net pay and/or a fixed amount(s) each payday directly to my account(s) as indicated. I agree to notify my employer immediately of any changes to the information so that my pay may be properly distributed. I understand that in the event my employer notifies my financial institution that I am not entitled to the funds deposited to my account, my bank is authorized to debit my account for the amount of the adjustment. I understand that in the event my financial institution is not able to deposit any electronic transfer into my account due to any action I take, my employer can not issue the funds to me until the funds are returned to my employer by my financial institution.

Signature _____ Date _____

New or changed direct deposits may receive one check after this form has been submitted. Please do not close your deposit account(s) without giving payroll two week's notice.

DEPOSIT ACCOUNT INFORMATION (Please verify with your Financial Institution)

<input type="checkbox"/> Deposit net pay <input type="checkbox"/> Deposit Fixed Amount \$		
Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
Routing Number	Account Number	
Financial Institution Name		
Financial Institution Address		
<input type="checkbox"/> Deposit net pay <input type="checkbox"/> Deposit Fixed Amount \$		
Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
Routing Number	Account Number	
Financial Institution Name		
Financial Institution Address		
<input type="checkbox"/> Cancel Direct Deposit	Signature _____	Date _____

FOR OFFICE USE ONLY

Direct deposit will start on ___/___/___ payday. Approved by: _____ Date _____