

# 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		
<hr/>		
<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		
<hr/>		
<input type="checkbox"/> Cancel Direct Deposit	Signature _____	Date _____

## FOR OFFICE USE ONLY

Direct deposit will start on \_\_\_/\_\_\_/\_\_\_ payday. Approved by: \_\_\_\_\_ Date \_\_\_\_\_