

DIRECT DEPOSIT PAYROLL AUTHORIZATION

New* Updated* (Need to complete entire form) Cancel

NET PAY DIRECT DEPOSIT DATA (This must be completed)

C[||^æ ~ ^ÁD#:

Employee Name (Last, First Name, Middle Initial):

Phone Extension:

Home Address:

City:

State:

ZIP:

PRIMARY ACCOUNT

Bank Name:

Transit No.:

Account No.:

Account Type:

- Checking Acct.
 Savings Acct

ADDITIONAL ACCOUNT DIRECT DEPOSIT DATA

Bank Name:

Transit No.:

Account No.:

Amount:

Account Type:

- Checking
 Savings

Bank Name:

Transit No.:

Account No.:

Amount:

Account Type:

- Checking
 Savings

Bank Name:

Transit No.:

Account No.:

Amount:

Account Type:

- Checking
 Savings

IMPORTANT: ATTACH A VOIDED CHECK FOR EACH CHECKING ACCOUNT, TRANSIT NUMBER AND ACCOUNT NUMBER.

I hereby authorize my employer to deposit my pay to my (our) account(s) indicated above; and to initiate, if necessary, debit entries and adjustments for any deposits made in error.

I hereby cancel the authority previously given to my employer to deposit my pay and/or debit entries to my (our) account(s), indicated above in such time and manner as to afford my employer and financial institution a reasonable opportunity to stop the process.

Signed _____

Date _____

Signed _____

Date _____