

# EMPLOYEE DIRECT DEPOSIT AUTHORIZATION

Please complete and return to the Payroll Department

*ATTACH A VOIDED CHECK*

I authorize you and the financial institution listed below to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my:

Checking Account     Savings Account  
 New                       Change             Cancel            Date \_\_\_\_\_

each payday. This authority will remain in effect until I have canceled it in writing

_____ FINANCIAL INSTITUTION	_____ NAME (PLEASE PRINT)
_____ BRANCH	_____ SOCIAL SECURITY NUMBER
_____ CITY, STATE, ZIP CODE	_____ SIGNATURE
TRANSIT ROUTING NUMBER :                    :	ACCOUNT NUMBER 

### FOR ADDITIONAL DIRECT DEPOSIT ACCOUNTS

Checking Account     Savings Account            AMOUNT \$ \_\_\_\_\_

_____ FINANCIAL INSTITUTION	_____ NAME (PLEASE PRINT)
_____ BRANCH	_____ SOCIAL SECURITY NUMBER
_____ CITY, STATE, ZIP CODE	_____ SIGNATURE
TRANSIT ROUTING NUMBER :                    :	ACCOUNT NUMBER 

Checking Account     Savings Account            AMOUNT \$ \_\_\_\_\_

_____ FINANCIAL INSTITUTION	_____ NAME (PLEASE PRINT)
_____ BRANCH	_____ SOCIAL SECURITY NUMBER
_____ CITY, STATE, ZIP CODE	_____ SIGNATURE
TRANSIT ROUTING NUMBER :                    :	ACCOUNT NUMBER 