

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