DIRECT DEPOSIT AUTHORIZATION FORM

I, _____ , hereby:

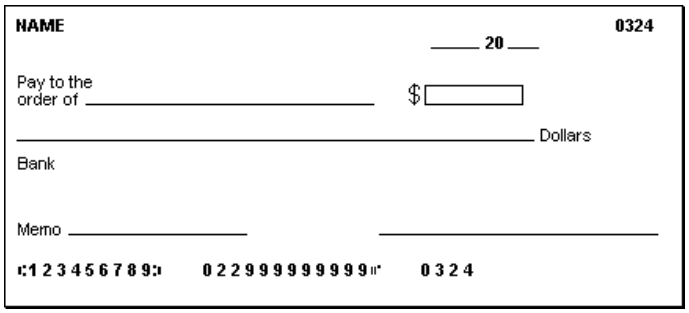
- ❑ **authorize** my employer, _____ and its agents, including financial institutions, to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my checking and/or savings accounts listed below. This authorization will remain in effect until I have informed my employer in writing that I wish to cancel it and my employer has had reasonable time to effect such cancellation. I understand I should contact my bank to verify receipt of funds.
- ❑ **revise** direct deposit bank account(s) as indicated below.
- ❑ **cancel** direct deposit of my paycheck completely. This cancellation is to take effect immediately and remain in full force and effect until the Company has received written notification from me of authorization to deposit my paycheck automatically. I acknowledge that I will now receive paychecks for which I am responsible for depositing and/or cashing.

Signature: _____ **Date:** _____ / ____ / _____

	Remaining Balance to 1st Account ☐		**Use Percentage** ☐		
Pay Order	**Bank Name/Address/Phone**	**Acct. Type**	**Routing/Account Numbers**	**Amount**	**Pct.**
1*		Ckg ☐ Sav ☐	Rtg _____ Acct _____		
2		Ckg ☐ Sav ☐	Rtg _____ Acct _____		
3		Ckg ☐ Sav ☐	Rtg _____ Acct _____		

Contractors are limited to one bank.* **TOTAL: _____

Please attach a voided check for each bank account to which funds will be deposited. Do not use deposit slip.



Example Routing Number: 123456789 Example Account Number: 022999999999

Employers: Keep for your records.

Notice: Government regulations have changed regarding the use of direct deposit. As a result, the employer cannot offer direct deposit of funds to either:

- a foreign bank, or
- a U.S. financial institution where the entire amount will be forwarded to a bank account in another country.

Employees or contractors associated with such foreign organizations will not be eligible for direct deposit.