

Direct Deposit Authorization Form

New Change

Employee's Full Name _____

Social Security Number _____

Accounts to be Credited (List either full amount or partial)

Financial Institution _____

Financial Institution's Phone Number _____ Routing # _____

Account Number _____ Checking Savings

Dollar Amount _____ or Entire Balance

Second Financial Institution _____

Financial Institution's Phone Number _____ Routing # _____

Account Number _____ Checking Savings

Dollar Amount _____ or Entire Balance

Third Financial Institution _____

Financial Institution's Phone Number _____ Routing # _____

Account Number _____ Checking Savings

Dollar Amount _____ or Entire Balance

** This authorizes my employer to deposit my net pay into the account(s) listed above.

** I am responsible for notifying payroll, in advance, of any changes made to this account that would affect my direct deposit.

** If, through an error, an overpayment is credited to my account, a deduction will be adjusted from this account.

Employee's Signature _____ Date _____

Please Note: Accuracy in completing this form is critical for timely processing.