

**Minnesota Clerical, Inc.**  
**Payroll Specialist**



*A step in the right direction!*

**PAYROLL DIRECT DEPOSIT AUTHORIZATION FORM**

Please check one:                     New Participant  
    Change in Account

**Employee Name:** \_\_\_\_\_

**Employee Number:** \_\_\_\_\_ **SS #:** \_\_\_\_\_



Until revoked by me in writing Minnesota Clerical, Inc. is hereby authorized to deposit my net pay each pay period directly to my bank or financial institution as shown below. I authorize the financial institution(s) listed below to accept and credit entries by Minnesota Clerical, Inc. to debit my account(s).

**Bank or Financial Institution:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**Routing Number:** \_\_\_\_\_

Please check one:                     Checking Account  
    Savings Account

If requesting a specific amount be deposited each pay period to an account please indicate the amount: \$ \_\_\_\_\_

*For accuracy, please attach a voided check or for savings a deposit slip*

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Minnesota Clerical, Inc.*  
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