

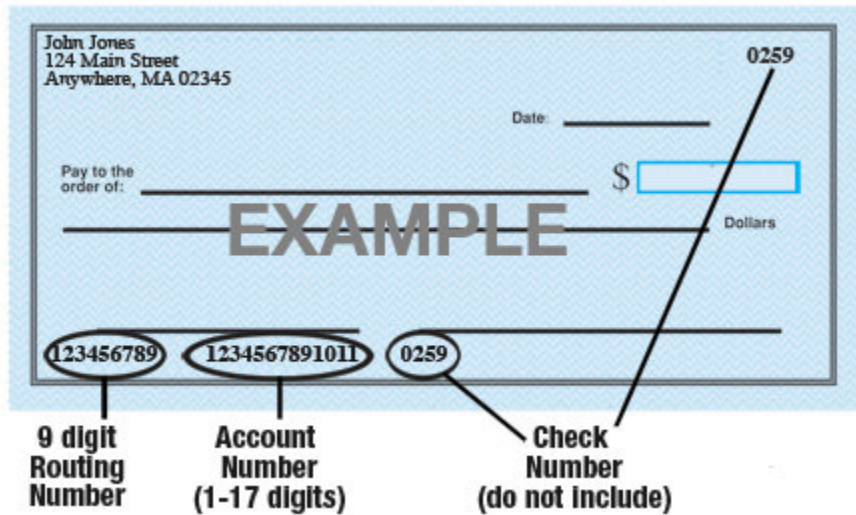
# Direct Deposit Authorization Form

Please print and complete ALL the information below.

**Employer Name:** \_\_\_\_\_

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

**Employee ID or SSN:** \_\_\_\_\_



**Financial Institution:** \_\_\_\_\_

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

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

**Type of Account (circle one):**    Checking    Savings

I wish to have my employer deposit my net pay and/or a fixed amount(s) each payday directly to my account(s) as indicated. I agree to notify my employer immediately of any changes to the information so that my pay may be properly distributed. I understand that in the event my employer notifies my financial institution that I am not entitled to the funds deposited to my account, my bank is authorized to debit my account for the amount of the adjustment. I understand that in the event my financial institution is not able to deposit any electronic transfer into my account due to any action I take, my employer cannot issue the funds to me until the funds are returned to my employer by my financial institution.

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

Please note that, due to timing differences, new or changed direct deposits may receive one check after this form has been submitted. Please do not close your account(s) without giving your payroll office two week's prior notice.