



AUTHORIZATION FOR DIRECT DEPOSIT OF PAYROLL

Please complete this form to **add** a new account for direct deposit or to **delete** a current direct deposit. (All new accounts must be pre-noted (tested). Please state if you would like direct deposit to your old account or receive a check).

PLEASE ATTACH A VOIDED CHECK FOR CHECKING ACCOUNTS AND/OR A DEPOSIT SLIP FOR SAVINGS ACCOUNTS FOR EACH NEW ACCOUNT.

Add this account to direct deposit ____ **Delete** this account from direct deposit ____
 Deposit to old account during pre-note ____ Receive a check during pre-note ____

Bank Name: _____
 Account #: _____ Bank Transit/Routing #: _____
 Type of account: Checking: _____ Savings: _____
 Amount of Deposit: Entire (net) check: _____ Fixed Amount \$: _____

Add this account to direct deposit ____ **Delete** this account from direct deposit ____
 Deposit to old account during pre-note ____ Receive a check during pre-note ____

Bank Name: _____
 Account #: _____ Bank Transit/Routing #: _____
 Type of account: Checking: _____ Savings: _____
 Amount of Deposit: Entire (net) check: _____ Fixed Amount \$: _____

Add this account to direct deposit ____ **Delete** this account from direct deposit ____
 Deposit to old account during pre-note ____ Receive a check during pre-note ____

Bank Name: _____
 Account #: _____ Bank Transit/Routing #: _____
 Type of account: Checking: _____ Savings: _____
 Amount of Deposit: Entire (net) check: _____ Fixed Amount \$: _____

I hereby authorize _____(employer) to initiate direct deposit to my bank accounts to achieve the desired amounts with the financial institutions as shown above.

Employee Name: _____ Social Security #: _____

Employee Signature: _____ Date: _____