



# EMPLOYEE DIRECT DEPOSIT AUTHORIZATION

Payroll Fax 1-888-450-2085

Print Employee Name: \_\_\_\_\_ Soc. Sec. No: \_\_\_\_\_

I hereby authorize my employer to deposit any amounts owed to me, directly to my account(s) indicated below. I agree to notify my employer immediately of any changes to the information indicated below 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 can NOT 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 cause employee to receive live check(s) for one payroll period after this form has been submitted and received by payroll. Please do not close your account(s) without giving your payroll office two week's prior notice.

<input type="checkbox"/> Direct Deposit to the following CHECKING account(s).			<input type="checkbox"/> A voided check is attached.		
<input type="checkbox"/> net pay <input type="checkbox"/> fixed %/amt _____ Name of Financial Institution _____ Routing # _____ Account #	<input type="checkbox"/> net pay <input type="checkbox"/> fixed %/amt _____ Name of Financial Institution _____ Routing # _____ Account #	<input type="checkbox"/> net pay <input type="checkbox"/> fixed %/amt _____ Name of Financial Institution _____ Routing # _____ Account #			
<input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Stop	<input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Stop	<input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Stop			

**Please have your FINANCIAL INSTITUTION fax, email, or mail in a bank letter indicating your name, social security number, account type, routing and account number for new/additional accounts when directing funds into a savings account or into a checking account if a voided personal check is NOT attached. Deposit slips can NOT be used. YOU MUST ALSO SIGN AND COMPLETE THIS FORM.**

<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> net pay <input type="checkbox"/> fixed %/amt _____ Name of Financial Institution _____ Routing # _____ Account #	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> net pay <input type="checkbox"/> fixed %/amt _____ Name of Financial Institution _____ Routing # _____ Account #	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> net pay <input type="checkbox"/> fixed %/amt _____ Name of Financial Institution _____ Routing # _____ Account #
<input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Stop	<input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Stop	<input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Stop

**Payroll Use Only** PS HCM Updated by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Reviewed by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_