

I request that my net pay
be deposited at:

Name of Financial Institution

Address

Routing Number

Account Number

Checking

Savings

Amount (if partial deposit) \$ _____

Name (please print)

Employee social security #

Department

Department Location

Please attach voided check.

Authorization Agreement for Direct Deposit

I hereby authorize the direct deposit of my net pay by my employer in the account and financial institution as indicated. Such direct deposit will be made on each succeeding payday, unless I choose to terminate this agreement in writing to my employer. Any such notification to my employer shall become effective following receipt, after a reasonable opportunity to act on it.

In the event that my employer deposits funds erroneously into my account, I authorize my employer to debit my account for an amount not to exceed the original amount of the credit.

Employee Signature

Date