

Direct Deposit of Payroll Authorization Form

I hereby authorize you to initiate electronic transactions to my account at the financial institution indicated below. I understand and agree that this authorization applies to both credits (deposits) authorized herein and debits (withdrawals) required to correct overpayment previously deposited to which I am not entitled.

DEPOSIT OF NET PAY

The account listed below is my CHECKING SAVINGS (circle one).

I request that 100% of my NET PAY be credited to this account.

INSTITUTION: (please print) _____

CITY: _____ STATE: _____ ZIP: _____

TRANSIT/ABA NUMBER _____

ACCOUNT NUMBER: _____

BANK AUTHORIZATION: _____ DATE: _____
(branch representative)

This authority is to remain in force until you have received written notice of my intention to revise or rescind this election and has given a reasonable opportunity to act on my request.

DATE: _____

NAME: _____ EMPLOYEE NUMBER _____
(please print)

SIGNATURE: _____ LOCATION: _____

- **Note to Employee: Please attach a voided check for the account authorized on this form. Payroll *will not process any forms* without a corresponding voided check. Your bank must verify your account number and the bank's Transit/ABA number.**