

Authorization For Direct Deposit

Name _____

SS# _____

Change _____ New _____

Stop Direct Deposit _____

I hereby authorize initiate of the following instructions
To my checking/savings account for direct deposit.

Bank/Credit Union Name _____

Bank/Credit Union Routing Number _____

Checking Account 1# _____

Checking Account 2# _____

Savings Account # _____

Deposit as follows:

_____ all to checking
\$ _____ to checking/remainder to savings
\$ _____ to savings/remainder to checking
_____ all to savings

other: _____

THE DEPOSIT IS NOT GUARANTEED TO BE IN UNTIL FRIDAY

Signature: _____

Date: _____

**Staple voided check and return to payroll department.
To cancel or change, fill out another form and turn in to payroll.**