

Direct Deposit Authorization

To sign up for direct deposit, you must attach a copy of a personal check. For security reasons, we recommend that it is a cancelled or voided check. You also have the option to send a copy of your account number.
Staple a copy of your check/account number to this form.

Please print.

Check one of the following: <input type="checkbox"/> Start <input type="checkbox"/> Stop <input type="checkbox"/> Change	Effective date: <input type="checkbox"/> As soon as possible <input type="checkbox"/> Future payday (date):
First name & Last Name:	
Email:	
Phone Number:	

Submission of this form means your entire payroll check will go to this financial institution.

Financial institution name (bank, savings institution, credit union, etc.):																									
Fill out the following information:																									
Bank Routing Number (Must be 9 numbers)	Account Number																								
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Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings																									
I authorize the direct deposit of funds to my account in the financial institution listed above. If funds to which I am not entitled are deposited in my account, I authorize the initiation of a correcting (debit) entry. I understand that the authorization may be rejected or discontinued at any time. If any of the above information changes, I will promptly complete a new authorization agreement. If the direct deposit is not stopped before closing an account, funds payable to will be returned for distribution. This will delay the check.																									
Date (month/day/year)	Employee signature																								