

Employee #: _____
Social Security #: _____
Name: _____
Department/Division: _____

ACTION
<input type="checkbox"/> New
<input type="checkbox"/> Change

DIRECT DEPOSIT PAYROLL AUTHORIZATION

Please deposit my payroll check to:

Name of Institution: _____
Branch/Location: _____
City: _____
Deposit Account Number: _____

Checking Acct.

Savings Acct.

Submit a "voided check" with this form to initiate direct payroll deposit.

PLEASE NOTE: TWO OR THREE PAYDATES ARE REQUIRED FOR THIS ACTION TO BE EFFECTIVE

Employee Signature: _____
Date: _____

I no longer wish to participate in Direct Payroll Deposit.

Employee Signature: _____
Date: _____

FINANCE ONLY		
<input type="checkbox"/> Prenotification	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Transit Routing #	_____	
Account #	_____	
New Transit Routing #	_____	
New Account #	_____	