



EMPLOYEE AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

- | | |
|---|---|
| <input type="checkbox"/> New Direct Deposit | <input type="checkbox"/> Canceling your Direct Deposit |
| <input type="checkbox"/> Changing Deposit | <input type="checkbox"/> Changing Dollar Amount of Deposit |
| <input type="checkbox"/> Setting up 2 nd Account | <input type="checkbox"/> Setting up 3 rd Account |

PRIMARY ACCOUNT INFORMATION:

Bank Name: _____ ABA: _____

Type of Account _____ Account #: _____

SECOND ACCOUNT INFORMATION:

Bank Name: _____ ABA: _____

Type of Account _____ Account #: _____

THIRD ACCOUNT INFORMATION

Bank Name: _____ ABA: _____

Type of Account _____ Account #: _____

INSTRUCTIONS

Return this form to Human Resources ~~with a deposit slip or a voided check~~ or a *voided* check from your bank account to verify account number and routing number. It takes one pay period to test your account. A notice will be sent to your attention advising you of your first deposit date.

AUTHORIZATION

I authorize First National Bank and/or the bank listed above to deposit my net pay or a portion thereof as indicated above into my account. I understand that my deposit may not be credited to my account until 5 pm on the payday indicated on the check voucher.

Employee Name: _____

Signature: _____

Date: _____