

## **PAYROLL DIRCT DEPOSIT AUTHORIZATION FORM**

Complete and return to your Payroll Department

I authorize you and the financial institution named below to automatically deposit my net pay to my account (this includes my authorization to you to reverse any entries made in error). This authority will remain in effect until I give written notice to cancel it.

**TYPE OF ACCOUNT:**    **CHECKING** \_\_\_\_\_    **SAVINGS** \_\_\_\_\_

Employee Number \_\_\_\_\_

Employee Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

If a Savings Account, ask your financial institution for the following information:

Routing Number \_\_\_\_\_

Your Account Number \_\_\_\_\_

Name of Financial Institution  
\_\_\_\_\_

Contact Person at Financial Institution  
\_\_\_\_\_

Phone Number at Financial Institution  
\_\_\_\_\_

Please staple voided check here: