

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: