



## Direct Deposit Form

Name \_\_\_\_\_ Department \_\_\_\_\_

Address \_\_\_\_\_

Employee ID # \_\_\_\_\_ Date \_\_\_\_\_

I AUTHORIZE YOU TO DEPOSIT MY NET PAY AUTOMATICALLY TO MY ACCOUNT SPECIFIED BELOW EACH PAYDAY BY INITIATING CREDIT ENTRIES TO MY ACCOUNT ELECTRONICALLY OR BY ANY OTHER COMMERCIALY ACCEPTED METHOD. I AUTHORIZE YOU TO DIRECT THE FINANCIAL INSTITUTION TO RETURN SAID FUNDS BY ANY SUCH METHODS. I AUTHORIZE THE FINANCIAL INSTITUTION TO DEBIT THE SAME TO MY ACCOUNT. THIS AUTHORITY WILL REMAIN IN EFFECT UNTIL YOU HAVE RECEIVED WRITTEN NOTICE FROM ME OF ITS CANCELLATION.

**THIS FORM WILL NOT BE PROCESSED WITHOUT A VOIDED CHECK ATTACHED AND SIGNED IF IT IS A DIRECT DEPOSIT ACCOUNT. (EMPLOYEES MUST RETURN THIS FORM TO HUMAN RESOURCES IN PERSON)**

**CHECK ONE:**

ACCT. TYPE:       CHECKING                       SAVINGS                       DEBIT ACCOUNT

ACCT # \_\_\_\_\_                      ROUTING # \_\_\_\_\_

\_\_\_\_\_

**EMPLOYEE SIGNATURE**

*PAYROLL USE ONLY*

**DATE ENTERED** \_\_\_\_\_

**APPROVED** \_\_\_\_\_