

We require direct deposit of employee paychecks to the bank(s) and accounts of your choice. An active account must be on file before an employee can start working. To arrange for direct deposit:

\_\_\_\_\_ Complete the employee portion of this form

\_\_\_\_\_ Return the completed form to the Human Resource Department.

**TO BE COMPLETED BY EMPLOYEE**

I hereby authorize \_\_\_\_\_ to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below and the depository name(s) below, hereinafter called depository, to credit and/or the same as such:

\_\_\_\_\_  
Please print your name as it appears on your account

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

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1<sup>st</sup> Account

\_\_\_\_\_ New Enrollment \_\_\_\_\_ Change \_\_\_\_\_ Cancellation

Account Type: \_\_\_\_\_ Checking \_\_\_\_\_ Savings

Amount: \_\_\_\_\_

Bank: \_\_\_\_\_

Account Number: \_\_\_\_\_ Routing Number \_\_\_\_\_

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2<sup>nd</sup> Account

\_\_\_\_\_ New Enrollment \_\_\_\_\_ Change \_\_\_\_\_ Cancellation

Account Type: \_\_\_\_\_ Checking \_\_\_\_\_ Savings

Amount: \_\_\_\_\_

Bank: \_\_\_\_\_

Account Number: \_\_\_\_\_ Routing Number \_\_\_\_\_

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The authority is to remain in full force and effect until the company has received written notification from me of its termination in such time and in such manner as to afford the company and depository a reasonable opportunity to act on it. We are not responsible if an employee fails to submit correct account information.

**\*\*\*Notify payroll immediately if you close or change your bank account\*\*\***