



Direct Deposit of Payroll Authorization Agreement

I authorize my employer to deposit my paycheck each payday directly into the account named below. This authority will remain in force until I have given written notice that I have terminated it or until my employer has notified me that this deposit service has been terminated. I understand that I must give advance notice to allow reasonable time for my instructions to be executed. If ever an incorrect amount should be entered into my account, I authorize my bank/credit union to make the appropriate adjustment.

This form is required for new accounts as well as changes. Please note: it may take two pay cycles to take effect.

Name _____

Home Address/City/State _____

Title of Position _____ Work Ext. _____

Signature _____

Each payday please deposit my entire net pay into the bank account listed below.

If you have more than one account, please specify the amount or percentage you'd like deposited into the separate accounts *.

For existing checking account(s): Attach a personal check with the word "VOID" written in large letters in ink across the face of it. Do not sign the check. If you do not have checks, please provide documentation that verifies the account belongs to you, including your name and the routing and account numbers.

For all other accounts and changes to accounts: please provide documentation that verifies the account belongs to you, including your name and the account number.

The bank you specify must be a member of an Automated Clearing House (ACH). If not, you will be notified by the Human Resources department.

Bank/Credit Union Name _____

Branch Address _____

ABA Number _____ Savings/checking? _____

(Your ABA# appears at the bottom of your checks- first nine digits)

Account# _____

*If choosing more than one account, please specify the amount or percentage you want to deposit into which acct:

Account#: _____

Percentage/Amount: _____

Account#: _____

Percentage/Amount: _____

Beginning March 2019, employees will receive a call from the HR department to verify this form is valid.