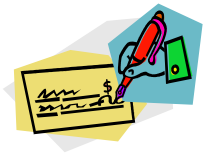

DIRECT DEPOSIT

****EMPLOYEE'S AUTHORIZATION - Please fill out and return, with a voided check, to the Payroll Department****

I authorize you and the financial institution listed below to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my:

☐ **Checking Account** ☐ **Savings Account**

each payday. This authority will remain in effect until I have cancelled it in writing.

NAME: _____ **DATE:** _____

(PLEASE PRINT)

_____ _____

FINANCIAL INSTITUTION BRANCH

_____ _____

CITY STATE SIGNATURE

E-MAIL ADDRESS:_____

PLEASE INDICATE HOW YOU WOULD LIKE TO RECEIVE YOUR DIRECT DEPOSIT NOTICE EACH PAYDAY: (check one)

☐ **MAIL** ☐ **E-MAIL**

****ITEMS BELOW WILL BE FILLED OUT BY THE PAYROLL DEPARTMENT****

TRANSIT ROUTING NUMBER

|:										|:

ACCOUNT NUMBER INFORMATION