



# 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:

(PLEASE PRINT)

DATE:

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