



AUTHORIZATION FOR DIRECT DEPOSIT

I authorize \_\_\_\_\_ to deposit my pay automatically to the account(s) indicated below and, if necessary, to adjust to reverse a deposit for any payroll entry made to my account in error. This authorization will remain in effect until I cancel it in writing and in such time as to afford \_\_\_\_\_ a reasonable opportunity to act on it.

Name on Bank Account \_\_\_\_\_

Bank Account Number \_\_\_\_\_

Bank Routing Number \_\_\_\_\_

Checking  Saving

Entire Pay Check or Amount \$ \_\_\_\_\_

\*Balance of Pay to:

Manual (paper check)

Account described below

\*Note: Split payments are NOT available for contractors

Name on Bank Account \_\_\_\_\_

Bank Account Number \_\_\_\_\_

Bank Routing Number \_\_\_\_\_

Checking  Saving

Important:

Please attach a voided check for each bank account to which funds should be deposited.

Employee/Contractor Signature \_\_\_\_\_

Date \_\_\_\_\_

Payers: Do NOT send THIS FORM with your Direct Deposit enrollment. Keep for your records.