

DIRECT DEPOSIT AUTHORIZATION AGREEMENT



TO: Direct Deposit Participant
 FROM: Payroll

It has come to our attention that you are starting or would like to change your existing Direct Deposit.

	Bank Name	City, State	*Transit/ABA No.	Type of Account "C" Checking "S" Savings	Account No.	Flat Amount from each (or) Net Pay	% of each Net Pay
1							
2							

This authority is to remain in full force and effect until EMPLOYER has received written notification from me to terminate the instructions herein and has a reasonable opportunity to act on it.

Last 4 Digits of Social Security Number _____ Date _____ Employee No. _____ Employee Signature _____

*Printed Name _____

**If more than one account is used, line 1 must be the primary account and any balance of net pay.

*If funds to which I am not entitled are deposited to my account, I authorize you to direct the bank to return said funds.
 Please attach a copy of a voided check for a checking account or savings deposit slip for a savings account.*

THINGS TO REMEMBER: