DIRECT DEPOSIT AUTHORIZATION

IN ORDER TO SIGN UP FOR DIRECT DEPOSIT YOU MUST ATTACH A COPY OF A PERSONAL CHECK.
FOR SECURITY REASONS WE RECOMMEND THAT IT IS A CANCELLED OR VOIDED CHECK.
✓ PLEASE STAPLE A COPY OF YOUR CHECK HERE.

Please print

Check one of the following	**Effective Date**
Start	As Soon As Possible
Stop	Future Paydate
Change	_____/_____/ _____

Social Security Number

Name (Last, First, Middle Initial)

SUBMISSION OF THIS FORM MEANS YOUR ENTIRE PAYROLL CHECK WILL GO TO THIS FINANCIAL INSTITUTION

Financial Institution Name (Bank, Savings Institution, Credit Union, etc.)

Enter the following information from the bottom of your check:

ABA Bank Routing Number (Must be 9 numbers)	Account Number
⑆ ⑆ ⑆	⑈

Type of Account
Checking Savings

I authorize the direct deposit of funds to my account in the financial institution listed above. If funds to which I am **not** entitled are deposited in my account, I authorize the initiation of a correcting (debit) entry. I understand that the authorization may be rejected or discontinued at any time. If any of the above information changes, I will promptly complete a new authorization agreement. If the direct deposit is not stopped before closing an account, funds payable to you will be returned to you for distribution. This will delay your check.

Date (Mo/Day/Yr)	Employee Signature	Daytime Phone Number

Home Address
Street
City State
ZIP