



Direct Deposit Authorization Form

Instructions: Please use this form to enroll, change or terminate your direct deposit information. Please complete this form and attach a copy of a voided check for direct deposit into your checking account or a deposit slip for direct deposit into your savings account. You may elect up to three (3) accounts for your direct deposit. There is a one cycle pre-noting which occurs before you can expect your direct deposit to begin. In the interim, you will receive a "live" paycheck mailed to your home..

EMPLOYEE INFORMATION

Employee Name: _____

Center: _____ Daytime Number: _____

PLEASE CHECK ONE OF THE FOLLOWING OPTIONS:

- Start Direct Deposit
 Change Direct Deposit
 Cancel Direct Deposit

BANK ACCOUNT INFORMATION

Direct Deposit Account - 1

Effective Pay Date: _____ Add Change Cancel

Checking Account Savings Account

Financial Institution Name: _____

Financial Institution Address: _____

Transit/ABA Number: _____ Account Number: _____

Entire Net Pay Specific Amount _____

Direct Deposit Account - 2

Effective Pay Date: _____ Add Change Cancel

Checking Account Savings Account

Financial Institution Name: _____

Financial Institution Address: _____

Transit/ABA Number: _____ Account Number: _____

Entire Net Pay Specific Amount _____

Direct Deposit Account - 3

Effective Pay Date: _____ Add Change Cancel

Checking Account Savings Account

Financial Institution Name: _____

Financial Institution Address: _____

Transit/ABA Number: _____ Account Number: _____

Entire Net Pay Specific Amount _____

Employee Signature: _____ Date: _____