

EMPLOYEE'S AUTHORIZATION DIRECT DEPOSIT OF PAYROLL

Please fill out and return to designated area.

I authorize you and the financial institution listed below to deposit my pay automatically in the amount of \$ _____

each pay period. (Signify a specific dollar amount or indicate "net pay".)

I also authorize you, if necessary, to adjust or reverse a deposit for any payroll entry made to my account in error. This authorization will remain in effect until I have canceled it in writing and in such time as to afford you a reasonable opportunity to act on it.

Date _____

Employee Number _____

SS# _____

Signature _____

Printed Name _____

Co-applicant's Name (if applicable)

Name of Financial Institution

Checking Account No. _____

Savings Account No. _____

A separate form must be completed for each account number.

Attach a voided check to this form.

If you have specified a dollar amount, rather than "net pay", and the amount of your check is less than the amount specified, the check will NOT be direct deposited to your account; you will receive a regular paycheck for that pay period.