



## **AUTHORIZATION FOR DIRECT DEPOSIT**

I authorize you and the financial institution named below to automatically deposit my net pay to my acct (this includes my authorization to you to reverse any entries made in error). This authority will remain in effect until I give written notice to my payroll department.

Check one:

NEW \_\_\_\_\_

UPDATE \_\_\_\_\_

CANCEL \_\_\_\_\_

EMPLOYEE NAME \_\_\_\_\_

ROUTING NUMBER \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

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***\*THIS IS REQUIRED\* Tape a VOIDED check below OR attach a letter from your bank***

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DO NOT WRITE BELOW LINE, OFFICE USE ONLY

EMP# \_\_\_\_\_ DEPT \_\_\_\_\_