

DIRECT DEPOSIT OF PAY – EMPLOYEE’S AUTHORIZATION

Please fill out and return this form with a voided check to the payroll department.

I authorize you and the financial institution listed below to deposit my pay automatically to my bank account each payday. Adjusting entries to correct errors are also authorized. This authority will remain in effect until I have cancelled it in writing.

Employee Name

Phone

Employee Address

Financial Institution Name

Savings Account
Checking Account

Account Number Information

Transmit Routing Number

Amount to deposit:

\$ _____ or NET

Financial Institution Name

Savings Account
Checking Account

Account Number Information

Transmit Routing Number

Amount to deposit:

\$ _____ or NET

If you want to deposit all to your savings or checking account circle NET.

If you would like to split them, write amount in one and circle NET for the other.