

DIRECT DEPOSIT AUTHORIZATION

LAST NAME _____
FIRST NAME _____
MIDDLE INITIAL _____

BANK NAME AND BRANCH _____

BANK ACCOUNT NUMBER _____

BANK ROUTING NUMBER _____

I hereby request the deposit of my entire paycheck into the above named account on every pay period.

THIS ACCOUNT IS A:

_____ CHECKING ACCOUNT

_____ SAVINGS ACCOUNT

NOTE: Please attach a deposit slip or cancelled check to this form to expedite this process.

Employee Signature

Date

Direct Deposit will go into effect with the 2nd payroll cycle after submission of this form.