

**SUB-BOARD I, INC.
EMPLOYEE AUTHORIZATION
PAYCHECK DIRECT DEPOSIT**

DIRECT DEPOSIT:
(CIRCLE ONE)

START

CANCEL

CHANGE ACCOUNT **

EMPLOYEE INFORMATION

Employee Name _____

Social Security No. _____

Local Address _____

Phone No. (_____) - _____
Area Code

BANK INFORMATION

Bank Name _____

Bank Address _____

Bank Phone No. (_____) - _____
Area Code

ACCOUNT INFORMATION

My Account Number is: _____

Type of Account:

- ☐ **Checking** (You ***must*** attach a voided check to this form)
- ☐ **Savings** (Please attach a pre-printed deposit slip, if available
or provide Bank ABA Number: _____)
- ☐ **Other** (Please describe _____)

AUTHORIZATION

I authorize Sub-Board I, Inc. to directly deposit my paycheck to the bank account indicated above. I understand that it may be necessary that debit entries could be made to my account for any credit entries made in error; I can use direct deposit for only **one** bank account; and that I must contact my bank to arrange for automatic transfers if I wish to have my paycheck split between two or more accounts.

I select the following distribution option:

- ☐ *I will pick up my direct deposit stub in 341 Student Union* ☐ *Please mail my stub*

Signature _____ **Date** _____

Please allow at least one month from the date you submit this form for direct deposit to begin.

**** DO NOT CLOSE YOUR OLD ACCOUNT UNTIL YOU HAVE RECEIVED A PAYMENT IN THE NEW ACCOUNT.**