

AUTHORIZATION FORM FOR DIRECT DEPOSIT

I hereby authorize the Direct Deposit of my net pay by my employer in the account(s) and financial institution(s) indicated below. Such Direct Deposit will be made on each payday, unless I choose to terminate this agreement in writing to my employer. Any such notification to my employer shall become effective following receipt, after a reasonable opportunity to act on it. In the event that my employer deposits funds erroneously into my account, I authorize my employer to debit my account for the amount not to exceed the original amount of the credit.

CHECK ONE: New Change Cancel

Employee Name (please print/type): _____

Employee Social Security Number: _____ - _____ - _____

You may elect up to two accounts.

A canceled or voided check must accompany each authorization or this form will be returned.

1. Financial Institution: _____ Location: _____
Routing Transit Number: _____ " Checking " Savings
Account Number: _____ %
2. Financial Institution: _____ Location: _____
Routing Transit Number: _____ " Checking " Savings
Account Number: _____ %

NOTE: If you choose only one financial institution to deposit to the % must equal 100%. If choosing more than one account to deposit to the total % of the two accounts must equal 100%.

Employee Signature: _____ **Date:** _____

It can take up to 30 days to process changes or begin participation. A regular paycheck may be received between changes. It may take up to 15 days from the date of notice to stop participation. Do not presume the direct deposit has been accepted by your Financial Institution until you receive a direct deposit advice statement and you have checked with your financial institution to be sure that the deposit was posted to your account(s).

Office Use Only:

Date Received: