

DIRECT DEPOSIT AUTHORIZATION

You may have net earnings deposited into more than one account.

I request that my net earnings be deposited to:

1. Bank Name: _____
Routing Number: _____ Amount: _____
Checking: _____
Account Number: _____ Savings: _____

Use Bank 1 for Accounts Payable Deposits: _____

2. Bank Name: _____ Amount or Balance
Routing Number: _____ of net: _____
Checking: _____
Account Number: _____ Savings: _____

Use Bank 2 for Accounts Payable Deposits: _____

3. Bank Name: _____ Amount or Balance
Routing Number: _____ of net: _____
Checking: _____
Account Number: _____ Savings: _____

Employee Name: _____

Employee Social Security Number: _____

Company Name and Division: _____

I hereby authorize the direct deposit of my net pay by my employer into the account(s) and financial institution(s) indicated on the form. My employer also has the authorization to initiate a reversing entry into my account(s) and financial institution(s) as listed above in a situation of an over/under deposit. This authorization will remain in effect until an update is made by me to change bank account(s) or my employment is terminated.

*If you receive reimbursement payments processed through Accounts Payable, please indicate which account to use. If no selection is made, funds will be deposited to the same account as the balance of your payroll check.

I understand that it is my responsibility to notify my employer immediately of any bank changes.

Employee Signature

Date

NOTE: A voided/copy of check or savings deposit slip for each account must be attached to this form, if applicable. Please sign and return to the payroll department.