

DIRECT DEPOSIT AUTHORIZATION

Employee Name: _____

Initiate Direct Deposit

Name of Bank: _____

_____ Routing Number

_____ Checking Account Number

Please attach **VOIDED CHECK** for checking/deposit slip.

Cancel Direct Deposit

Name of Bank: _____

_____ Checking Account Number

Every effort is made to ensure that your payroll is deposited into your account on the actual payday. However, employees must understand that there are possible delays in processing direct deposits.

I understand that my direct deposit cannot be guaranteed to be in my account on the actual payday due to input errors, bank holidays or time delays between our bank and other financial institutions.

I hereby authorize my employer to deposit my net pay directly into my account and to initiate, if necessary, debit entries and adjustments to correct any credit entries made in error to my account. This authorization will remain in force until I revoke it by giving written notice to the Human Resources Director.

Employee Signature

Date

***** PLEASE NOTE IF YOU CANCEL YOUR BANK ACCOUNT YOU MUST NOTIFY
PAYROLL IMMEDIATELY! *****