



Direct Deposit Authorization Form

Employee Name:

Division:

Please circle one:

Begin Deposit

Change Information

Cancel Deposit

You may directly deposit your funds in up to three separate accounts. Please provide following account information*:

- | | | | |
|----|--|----------------------|---------|
| 1. | Account Type: | Checking/Chequing | Savings |
| | Bank Name: | <input type="text"/> | |
| | Routing/Transit Number (US 9#, CA 5#): | <input type="text"/> | |
| | Institution Number (CA only, 3#): | <input type="text"/> | |
| | Account Number (followed by "A"): | <input type="text"/> | |
| | \$\$ Amount to be deposited: | <input type="text"/> | |
| 2. | Account Type: | Checking/Chequing | Savings |
| | Bank Name: | <input type="text"/> | |
| | Routing/Transit Number (US 9#, CA 5#): | <input type="text"/> | |
| | Institution Number (CA only, 3#): | <input type="text"/> | |
| | Account Number (followed by "A"): | <input type="text"/> | |
| | \$\$ Amount to be deposited: | <input type="text"/> | |
| 3. | Account Type: | Checking/Chequing | Savings |
| | Bank Name: | <input type="text"/> | |
| | Routing/Transit Number (US 9#, CA 5#): | <input type="text"/> | |
| | Institution Number (CA only, 3#): | <input type="text"/> | |
| | Account Number (followed by "A"): | <input type="text"/> | |
| | \$\$ Amount to be deposited: | <input type="text"/> | |

Employee Signature

Date

Please attach a VOIDED CHECK/CHEQUE or PAYROLL AUTHORIZATION FORM FROM YOUR BANK for each account.

All direct deposits are subject to a 10 days “pre-note” period to verify account information, meaning that the first check will be a live check and mailed to your home address on file.