

Employee Request for Direct Deposit of Paycheck

Full Legal Name of Employee: _____

Social Security Number: _____

Bank Name: _____

Bank Address: _____

Employee Bank Account Number: _____

Check the appropriate item:

- ☐ **Direct deposit.** The undersigned hereby requests and authorizes the entire amount of his or her paycheck each pay period to be deposited directly into the bank account named above.
- ☐ **Direct payroll deduction deposit.** The undersigned hereby requests and authorizes the sum of _____ dollars (\$ _____) be deducted from his or her paycheck each pay period and to be deposited directly into the bank account named above.
- ☐ **Cancellation of direct deposit authorization.** The undersigned hereby cancels the authorization for direct deposit or payroll deduction deposited previously submitted.

Employee Signature

Date

(Please attach a blank copy of bank account deposit slip.)