Authorization for Direct Deposit

I authorize	to deposit m	ny pay automatica	Ily to the account(s)
indicated below and, if necessary,	to adjust or reverse a de	posit for any payr	oll entry made to my
account in error. This authorization	will remain in effect until I	cancel it in writing	and in such time as to
afford	a reasonable opportu	nity to act on it.	
Name on bank account:			
Bank account number:		Checking	Savings
Bank routing number:			
Amount: \$ o	r entire paycheck:	-	
Only complete the bank account	section below if you wish	<u>to split your pay</u>	check into 2 separate
accounts:			
*Balance of pay to:			
Manual (paper cl	hack)		
wianda (paper ci	ieckj		
Account describe	ed below		
*Note: Split payments are not availa	ble for contractors.		
,			
Name on bank account:			
Bank account number:		Chacking	Savings
Bank account number.		Criecking	Saviligs
Bank routing number:			
Important: Please attach a voided ch	leck for each bank account	to which funds sho	uld be deposited.
Employee signature:			
Date:			

Payers: Do not send this form with your Direct Deposit enrollment. Keep for your records.