

DIRECT DEPOSIT AUTHORIZATION

Please check one of the following: NEW CHANGE TERMINATE

This document must be signed by employees requesting automatic deposit of paychecks and retained on file by employer. Employee must attach a voided check to help verify their account numbers and bank routing information.

Employee: _____

Social Security No: _____

Bank Name and Branch: _____

Your Bank Account No.: _____ [] Checking [] Savings

Bank ABA/Routing Number: _____

Amount to be deposited: Fixed Amount of \$ (please specify amount)

Remaining Net Pay (after deposit of fixed amount)

Full Net Pay

Employee Signature

Date

Please attach a copy of voided check for verification.