

EMPLOYEE DIRECT DEPOSIT AUTHORIZATION

Agency Name: _____

Print Full Name: _____ **Employee ID #:** _____

I wish to have my employer deposit my net pay and/or a fixed amount(s) each payday directly to my account(s) as indicated. I agree to notify my employer immediately of any changes to the information so that my pay may be properly distributed.

Employee Signature: _____ **Date:** _____

Please note that, due to timing differences, new or changed direct deposits may receive one check after this form has been submitted. Please do not close your account(s) without giving your payroll office two weeks prior notice.

<input type="checkbox"/> Direct Deposit to the following CHECKING account(s). A voided check is attached _____ If a voided check is NOT attached, then this section should be completed by your financial institution		
<input type="checkbox"/> Deposit net pay to : _____ Name of Financial Institution _____ Routing # _____ Account # <input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Stop	<input type="checkbox"/> Deposit fixed Amount \$: _____ _____ Name of Financial Institution _____ Routing # _____ Account # <input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Stop	<input type="checkbox"/> Deposit fixed amount \$: _____ _____ Name of Financial Institution _____ Routing # _____ Account # <input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Stop
<input type="checkbox"/> Direct Deposit to the following SAVINGS account(s). This section should be completed by your financial institution. Deposit slips can NOT be used.		
<input type="checkbox"/> Deposit net pay to : _____ Name of Financial Institution _____ Routing # _____ Account # <input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Stop	<input type="checkbox"/> Deposit fixed Amount \$: _____ _____ Name of Financial Institution _____ Routing # _____ Account # <input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Stop	<input type="checkbox"/> Deposit fixed amount \$: _____ _____ Name of Financial Institution _____ Routing # _____ Account # <input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Stop

To be completed by the Payroll Section representative:

Your direct deposit will start on ___ / ___ / ___ **payday.**