

**AUTHORIZATION FOR DIRECT DEPOSIT**

\*\*\*EMPLOYEES ARE RESPONSIBLE FOR NOTIFYING THEIR FINANCIAL INSTITUTION OF DIRECT DEPOSIT FROM EMPLOYER.

**PART1: COMPLETE ALL ITEMS**

**1. ACTION TO BE TAKEN**

(CheckOne)  begin direct deposit  stop direct deposit  change financial institution  change account number

**2. EMPLOYEE NAME** \_\_\_\_\_

**3. SOCIAL SECURITY NUMBER** \_\_\_\_\_

**4. DEPARTMENT** \_\_\_\_\_

**5. EMPLOYEE NUMBER** \_\_\_\_\_ **6. TELEPHONE NUMBER** \_\_\_\_\_

**PART2: FINANCIAL INSTITUTION INFORMATION**

**7. TYPE OF ACCOUNT** \_\_\_\_\_ **CHECKING ACCOUNT NUMBER** (attach a voided check)

\_\_\_\_\_ **SAVINGS ACCOUNT NUMBER** (attach a bank memo)

**8. FINANCIAL INSTITUTION NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **CITY/STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**PHONE NUMBER** \_\_\_\_\_

**9. FINANCIAL INSTITUTION ROUTING NUMBER**- \_\_\_\_\_

(obtained from your attached **voided check information or from your financial institution for savings deposits**)

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**AUTHORIZATION**

Unless otherwise indicated above, I hereby authorize and request \_\_\_\_\_  
Herein after referred to a **EMPLOYER**, to direct the net amount of my periodic pay for crediting to my account indicated at the Financial Institution designated above, and I further authorize the Financial Institution to credit the same to such account without responsibility for correctness of such amount.

This authorization will remain in effect until I initiate the required stop action in such time and in such manner as to allow my employer a reasonable opportunity to act upon it. Furthermore, I understand that termination of employment with my **EMPLOYER** shall constitute sufficient authorization to terminate this agreement.

I agree to notify my **EMPLOYER** if I wish to change the designated Financial Institution or account to which my net pay is to be deposited, 30 days prior to the effective date of such change. I understand that failure to do so may delay the receipt of my net pay.

**Signature of Employee** \_\_\_\_\_ **Date** \_\_\_\_\_

**TO BE COMPLETED BY PERSONNEL DEPARTMENT**

**Date received** \_\_\_\_\_ **Input Date** \_\_\_\_\_ **Date Processed** \_\_\_\_\_ **Effective Date of Direct Deposit** \_\_\_\_\_