



DIRECT DEPOSIT AUTHORIZATION NOTE

- Please complete this form and return it to the payroll department
- Be sure to include a voided (Cancelled) Check from your checking account and/or a deposit slip for your savings account, whichever is applicable. The details from the check/deposit slip will be used to verify the account details
- You also have the option to deposit a part of your net pay into a secondary account, such as savings or credit union account. Please specify the dollar amount from your net pay that should be deposited in your secondary account

Name	Your Bank/Financial Institution
Social Security Number	City/ State
Primary Account Number	Secondary Account Number
Bank Routing Number	Bank Routing Number
Please Check the applicable option <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Dollar amount \$ _____ Please Check the applicable Option <input type="checkbox"/> Checking <input type="checkbox"/> Savings

I authorize _____ and the above Financial Institution to deposit my net pay and/or flat amount automatically into my account(s) each payday, and to initiate any necessary adjustments for entries made in error to my account.

Signature

Date

ATTACHED VOIDED CHECK(S) HERE