

DIRECT DEPOSIT PAYROLL INFORMATION FORM

Employee's Authorization – Please fill out and return to the Office of Human Resources. For all checking accounts please attach a voided check for verification purposes.

*Please note that your first check will not be a direct deposit. It is setup as a pre-note for verification. Thereafter each paycheck will be a direct deposit.

I authorize you and the financial institution listed below to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error each pay day to my:

_____ Checking Account

____ Savings Account

This authority will remain in effect until I have cancelled it in writing.

Name of Fina		Name (Please Print) Social Security Number											
Branch													
City		State		Si	gnat	ure						_/	ate
TRANSIT R	OUTING NU	MBER											
ACCOUNT	NUMBER												

Attach Voided Check Here