



AUTHORIZATION OF DIRECT DEPOSIT

I authorize the National Railroad Passenger Corporation and the bank(s) indicated below to deposit my pay automatically into my account(s) each payday. If monies to which I am not entitled are deposited into my account, I authorize my employer to direct the bank to return said funds.

I certify that my name appears on the account(s) into which I have requested my pay to be deposited. This authority will remain in effect until I have cancelled it in writing via the Cancellation of Deposit form, NRPC 2031 or by filling out a new form for direct deposit that automatically cancels previous request.

If I have designated amount to a secondary account, Amtrak funds this amount first with the remaining money going to my primary account. If net pay is less than my designated amount only my secondary account will be funded.

Employee Information

Name: _____ Department: _____
Social Security _____ Phone #: _____
Signature: _____ Date: _____

Primary Bank Information

Bank Name _____ Checking Savings
City, State _____
Account #: _____ Bank Routing Number: _____

Secondary Bank Information

Bank Name _____ Checking Savings
City, State _____
Account #: _____ Bank Routing Number: _____
Designated Amount: _____

Complete & SIGN this form and return or fax to:

**Corporate Payroll Operations
10 G Street NE 3W-132
Washington, DC 20002
FAX: 202-906-4617**