

Payroll Direct Deposit Authorization Form

(THIS FORM CHANGES ONLY AN EMPLOYEE BANK ACCOUNT(S) FOR DIRECT DEPOSIT)

I, _____, (employee) do hereby authorize

_____ (employer) to deposit my payroll check directly into all of my Checking or Savings accounts as specified below or (if checked) add to my Payroll Debit Card. I understand this authorization will remain in effect until I provide timely written notice to cancel this service. I also understand that my account may receive a prenote (\$0.00) transaction one pay cycle before I can begin the direct deposit on a live basis. I authorize any overpayments to me to be electronically deducted from my account or Payroll Debit Card.

Account(s) to be credited (can be deposited in multiple accounts):

Voided check (not a deposit slip) or a Savings account deposit slip must be attached to process request.

Bank No. _____ Acct. # _____ %, \$ or Net _____

Type of account: Checking , Savings

Bank No. _____ Acct. # _____ %, \$ or Net _____

Type of account: Checking Savings

Bank No. _____ Acct. # _____ %, \$ or Net _____

Type of account: Checking Savings

I authorize my employer to add my Net Pay to the balance of my Payroll Debit Card.

(i.e.: 100% into checking; or \$20.00 into Savings, **Net** amount into Checking; or 10.00% into Savings, Net amount into Checking or Payroll Debit Card)

Signature of employee

Date

Attach voided check here