

☐ First Time Enrollment ☐ Need to Make a Change ☐ Cancellation

Name:		Social Security Number:							
County:		Department/Division:							
Checking or Savings	Bank Routing Number	Account Number	Amount To Be Deposited						
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NOTE: For all checking accounts, you must attach a voided check, all other types of accounts (such as savings), you must attach bank documentation on bank letterhead that provides your name, full account number and your bank's routing number.

NOTE: Direct deposit will usually take effect two pay dates from the date the direct deposit form and documentation is received by the Payroll Department.

NOTE: You may change or stop the authorization by sending in an updated form. It may take up to two pay periods for changes to be active.

## **Direct Payroll Deposit Authorization**

I authorize	e FirstService	Residential	and the	Bank listed	above to	deposit n	ny net po	ay auton	natically	into my	account	each
payday.	This authority	will remain	in effect	until I have	cancelled	d in writing.						

## Employee Signature

Date

Sample Check – For Checking Account

