

**DIRECT DEPOSIT AUTHORIZATION FORM**

Office Use Only  
Start Date:

**PLEASE ATTACH A VOIDED CHECK WHERE INDICATED BELOW**

Employee Name: \_\_\_\_\_ Department: \_\_\_\_\_ Campus \_\_\_\_\_

Employee I.D. # \_\_\_\_\_ Social Security # \_\_\_\_\_

**New Direct Deposit:** \_\_\_\_\_

X Name of Institution \_\_\_\_\_

X Institutions Transit/ABA # \_\_\_\_\_  
(Contact your Institution for this information)

X Account Type: [ ] Savings Account #: \_\_\_\_\_  
OR  
[ ] Checking Account #: \_\_\_\_\_

X AMERICAN HERITAGE FCU - 236082944

X Account Type: [ ] Savings Account #: \_\_\_\_\_  
OR  
[ ] Checking Account #: \_\_\_\_\_

\* **Note: You may have 2 banks set up at one time provided 1 is American Heritage FCU**

**Changing Direct Deposit:** \_\_\_\_\_

XX Changing Financial Institutions: From \_\_\_\_\_  
To \_\_\_\_\_

XX New Account Transit/ABA # \_\_\_\_\_

XX Account Type: [ ] Savings Account #: \_\_\_\_\_  
OR  
[ ] Checking Account #: \_\_\_\_\_

XXX Change Dollar Amount to: \$ \_\_\_\_\_  
(American Heritage FCU-ONLY)

**PLEASE CHECK  
ONE IF CHANGING  
BANKS**

Do you wish to continue Direct Deposit with your current Financial Institution during the 10 day prenote:  
[ ] Yes  
[ ] No (you will receive a live paycheck for one pay period)

**XXXX DISCONTINUE DIRECT DEPOSIT:** \_\_\_\_\_

**Authorization & Agreement**

I hereby authorize Frankford Hospital to initiate electronic transaction to my account at the Financial Institution indicated above. I understand that this authorization applies to both credit(deposits) authorized and debits(withdrawals) required to correct overpayment previously deposited to which I am not entitled.

This authorization is to remain in force until the Payroll Office has received written notice of my intention to revise or rescind this election and has been given a reasonable opportunity to act on my request.

Ten day prenote is required before direct deposit will activate in order to verify the banks Transit/ABA# and your account. Your direct deposit account number will appear under the special information section of your paystub. If there is a discrepancy in this number, please contact the Payroll Office as soon as possible.

**EMPLOYEE SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

- X PLEASE COMPLETE THESE LINES WHEN SIGNING UP FOR NEW DIRECT DEPOSIT
- XX PLEASE COMPLETE THESE LINES WHEN CHANGING DIRECT DEPOSIT
- XXX PLEASE COMPLETE THIS LINE IF YOU WISH TO CHANGE THE DOLLAR AMOUNT FOR AMERICAN HERITAGE FCU
- XXXX PLEASE COMPLETE THIS LINE IF YOU WISH TO DISCONTINUE YOUR PRESENT DIRECT DEPOSIT

**Staple  
Void  
Check  
Here**