## **Direct Deposit Authorization**

Staff Member's Name:		Camp/CIT:		
Paychecks are by electronic deposit directly to your bank account only. Please complete the form below to ensure we are able to direct your paycheck to the appropriate bank.				
This authorizes Samoset Coadjustment entries), electrobelow. This authorizes the fawill be in effect until Same reasonable opportunity to Bank Name:	nically or by any othe inancial institution ho oset Council receive o act on it.	r commercially accept Iding the account to p s a written terminat	ed method, to my a ost all such entries. ion notice from my	ccount indicated This authorization yself and has a
City:	State: _		Zip:	
Type of Account: □	Checking Account	☐ Savings Ac	ccount	
Bank Routing Number:				
Checking/Savings Accoun	t Number:			
Account Owner's Signature		Staff Member's Signat	turo	 Date
Account Owner's Signature		Stujj member s signature		Dute

IMPORTANT: This document must be signed by employees requesting automatic deposit of paychecks and retained on file by the employer. Do not send this form to your bank. Employees must attach a voided check for their account to help verify their account numbers and bank routing numbers.