

## **AUTHORIZATION FORM FOR DIRECT DEPOSIT**

Name	Social Security Number
Worksite Employer	
This is a NEW direct deposit re	equest This form REPLACES all previous forms
Note: You may choose from one to three separate accounts for your deposits. Pre-note process will take up to two weeks to implement	
First Account - Bank Name:	Savings□ Checking□
Routing Number: (first nine digits at bottom of check)	
Account Number:	
Amount or Percentage:	
Second Account - Bank Name:	Savings□ Checking□
Routing Number:	
Account Number:	
Amount or Percentage:	
Third Account - Bank Name:	Savings□ Checking□
Routing Number:	
Account Number:	
Amount or Percentage:	
PLEASE ATTACH A VOIDED CHECK	
If your direct deposit is inactive after 60 days due to a break in employment you must go through the pre-note process when your employment is reinstated and you wish to continue directly depositing your pay. I authorize the Company to deposit all paychecks automatically to my account as indicated above. Adjusting entries to correct errors is also authorized. This authority remains in effect until cancelled in writing.	
Signature	Date: