

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF NET PAY

I HAVE MY OWN BA	ANK ACCOUNT			
adjustments for any credi **To ensure that my acco **I agree that this author	ectly into my bank acco t entries in error to my bunt(s) is/are properly o ization will remain in el employer's liability for	credited, I have provided the necessa fect until I provide written notification any negligent error(s) in crediting the	tiate (if necess ry data on the n otherwise.	sary) debit entries and form below.
SIGNATURE OF EMPLOYEE		DATE	 HOME TELEPHONE	
SECTION 'A':	** FOR DEPOSITING ENTIRE NET PAY TO ONE ACCOUNT or **IF YOU ARE SPLITTING YOUR DEPOSIT BETWEEN TWO ACCOUNTS, LIST ONE OF THE ACCOUNTS IN SECTION 'A' AND THE OTHER IN SECTION 'B', BELOW. **FOR SPLIT DEPOSITS YOU MUST INDICATE THE AMOUNT OF DOLLARS TO BE DEPOSITED TO THE ACCOUNT YOU HAVE LISTED IN SECTION 'A'.			
Your social security #:		Employee I D#		School
Name of Bank:				
Address of Bank:		(City)	(State)	(Zip)
Bank Transit Routing (A	ABA#): cancelled check, or a	Employee's Bank Ac	ccount # : r to process t	his application.
Amount of Deposit:				
Type of Account: 🗌 Ch	ecking Savings	☐ Money Market Checking ☐	Money Marke	et Savings
SECTI ON 'B':		IF YOU ARE SPLITTING YOUR DEPOS HAVE COMPLETED SECTION 'A'.	SIT BETWEEN	ΓWO (2)
Name on your account:				
Your social security nu	mber:	•		
Name of Bank:				
Address of Bank:		(City)	(State)	(Zip)
Bank Transit Routing (ANOTE: a voided or	ABA#):cancelled check, or a	Employee's Bank Addeposit slip is REQUIRED in order	ccount # : r to process t	his application.
Type of Account: 🗌 Ch	ecking	■ Money Market Checking	Money Marke	et Savings
I DO NOT HAVE M	Y OWN BANK ACCOU	NT		
Automatic Teller Machine debit entries and adjustm **I have willingly provide **I agree that this author	I deposit account in my (Debit) card for the ret ents for any credit entr d the necessary data or cization will remain in ea y employer's liability for	_, hereby authorize the Research Fourname, to deposit my net pay directly rieval of my net pay, or use at debit ries in error to my account. In the form below. If the form below if the feet until written notification otherwise any negligent error(s) in crediting the	y into that accomachines, and see is provided	bunt, to provide me with an to initiate (if necessary) by either party.
SIGNATURE OF EMPLOYER		DATE		
PERSONAL INFORMATI	ON:			
Home Address:			ome Telephoi	
Your Social Security # _		Employee ID#		School