

Employee#:

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Direct Deposit Authorization Form



Direct Deposit is a mandatory requirement of employment. Please complete the following form and attach a voided check for each account. If you have questions please call 1-888-687-3753 or extension 20753.

Authorizing Information

Type of Account:

- Checking Account
- Savings Account

Bank Name: _____

Routing Number: _____

Account Number: _____

Select One:

- Fixed Amount \$ _____
- Fixed Percentage _____% (100% goes if here if you want all of your paycheck in this one account)
- Remainder

Type of Account:

- Checking Account
- Savings Account

Bank Name: _____

Routing Number: _____

Account Number: _____

Select One:

- Fixed Amount \$ _____
- Fixed Percentage _____% (100% goes if here if you want all of your paycheck in this one account)
- Remainder

TAPE VOIDED CHECK HERE IF AVAILABLE
(please do not staple)

Authorization Signature

I hereby authorize Swedish to make payroll deposits to my bank account indicated on the attached VOIDED CHECK (deposit slip will only be accepted for a savings account). The effective date for the direct deposit will be approximately one month from the receipt of this authorization.

You can update or change your direct deposit information via Employee Self Service (ESS) at anytime.

Employee Name (please print)

Employee Signature

Date