



AUTHORIZATION FOR PAYROLL DIRECT BANK DEPOSITS

I authorize: _____ to deposit my pay automatically to the account indicated below and, if necessary, to adjust or reverse a deposit for any payroll entry made in error to my account. This authorization will remain in effect until I cancel in writing and in such time as to afford _____ a reasonable opportunity to act on it.

Name of bank/Financial Institution: _____

Name on bank account: _____

Bank routing Number _____

Your Account Number: _____

Amount to be deposited: _____ OR Entire Amount _____

Please attach a voided check OR Page 1 of your most recent bank statement.

Date: _____

Name of employee: _____

Signature: _____