

# Direct Deposit Authorization Form

TO BE COMPLETED BY EMPLOYEE

Name of School at Which You Work  Today's Date

**Instructions:**

- Complete this form, remembering to sign at the bottom.
  - Attach a voided personal check to verify your account number and bank routing number.
  - Your direct deposit should begin within two pay periods after the Payroll Department receives your completed form.
- \*\*NOTIFY PAYROLL IMMEDIATELY IF YOU CLOSE OR CHANGE BANK ACCOUNT\*\***

Choose One:

- New Enrollment
- Enrollment Change
- Cancel Enrollment

I hereby authorize my employer to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account(s) indicated below and the depository name(s) below, hereinafter called depository, to credit and/or debit the same as such:

Name (please print your name as it appears on your account)

**ACCOUNT 1** Account Type:  Checking  Savings

Amount per Paycheck/Percent of Paycheck to be Deposited Into This Account

Bank Name and Address

Account Number  Bank Routing Number

**ACCOUNT 2** Account Type:  Checking  Savings

Amount per Paycheck/Percent of Paycheck to be Deposited Into This Account

Bank Name and Address

Account Number  Bank Routing Number

**ACCOUNT 3** Account Type:  Checking  Savings

Amount per Paycheck/Percent of Paycheck to be Deposited Into This Account

Bank Name and Address

Account Number  Bank Routing Number

(Use extra sheets if necessary for additional deposit distributions.)

Employee Signature  Date

The authority is to remain in full force and effect until the company has received written notification from me of its termination in such time and in such manner as to afford the company and depository a reasonable opportunity to act on it.