

DIRECT DEPOSIT AUTHORIZATION

Employee Name: _____

Social Security #: _____

Please Check One:

- I want to enroll in the Direct Deposit Service
- I want to change Bank or Account Information
- I want to discontinue Direct Deposit and start receiving a paycheck again

I authorize the company to deposit my net pay directly into the bank account named below. This authorization will remain in effect until I notify the company, in writing, that I wish to discontinue this service or until the company has notified me that it has terminated the direct deposit service. I understand that the notice to discontinue will be acted upon by the company during the next available payroll cycle after receipt of notice. **Banking regulations require a notification process that takes a minimum of two (2) payroll periods.**

Please deposit my net pay into the following bank:

Bank Name: _____

Account Number: _____

ABA/Routing Number: _____

Please check one type of account and attach a voided personal check:

Checking

Savings

Employee Signature: _____

Date: _____