PAYROLL DIRECT DEPOSIT - EMPLOYEE'S AUTHORIZATION

Please fill out, attach a void check/letter from bank and return to the Payroll Department

DATE _____

EMPLOYEE NAME _____

I authorize you and the financial institutions listed below to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to the bank accounts listed below each payday. This will remain in effect until I have cancelled it in writing.

_____
SIGNATURE

ACCOUNT 1

NET DEPOSIT TO: _____ CHECKING ACCOUNT or _____ SAVINGS ACCOUNT

_____
FINANCIAL INSTITUTION

TRANSIT ROUTING NUMBER

ACCOUNT NUMBER

ACCOUNT 2 (not required)

AMOUNT $_____ PER PAY PERIOD TO:

_____ CHECKING ACCOUNT or _____ SAVINGS ACCOUNT

_____
FINANCIAL INSTITUTION

TRANSIT ROUTING NUMBER

ACCOUNT NUMBER