

Direct Deposit Authorization

Employee Name _____ SSN _____

I hereby authorize _____ ("Employer") to initiate credit entries to my account(s) indicated below and the depository(s) named below, hereinafter called DEPOSITORY, to credit the same such account(s), and in the event a credit is made to my account in error, I authorize Employer to make a correcting entry under the condition that I am notified of said adjustment.

NOTE: YOU MUST ATTACH A VOIDED CHECK FOR EACH ACCOUNT. YOUR DIRECT DEPOSIT SHOULD BEGIN WITHIN TWO PAY PERIODS AFTER THIS COMPLETED FORM IS RECEIVED.

Account 1	
Depository/Bank Name _____	
Checking _____	or Savings _____
Bank Address _____	
Amount to be credited	\$ _____
Banking	
Transit/ABA: _____	Acct No. _____
Account 2	
Depository/Bank Name _____	
Checking _____	or Savings _____
Bank Address _____	
Amount to be credited	Remainder _____
Banking	
Transit/ABA: _____	Acct No. _____

This authorization is to remain in full force and effect until Employer has received written notification from me of its termination in such time and in such manner as to afford Employer a reasonable opportunity to act on it, or I complete and sign a new Direct Deposit Authorization Form.

Signature _____ Date _____

_____ I hereby request all direct deposit to stop immediately. Date: _____
(Initials)