

# EMPLOYEE'S DIRECT DEPOSIT AUTHORIZATION

For verification of all financial institution information you must:  
**ATTACH A VOIDED CHECK FOR EACH ACCOUNT -OR-  
ATTACH A CONFIRMATION FORM FOR EACH ACCOUNT**

Name of Financial Institution: _____	Checking Acct? Y or N <input type="checkbox"/>
Bank Routing Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Account Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	\$ Amount of Pay to be deposited: <input type="text"/>

Name of Financial Institution: _____	Checking Acct? Y or N <input type="checkbox"/>
Bank Routing Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
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	\$ Amount of Pay to be deposited: <input type="text"/>

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	\$ Amount of Pay to be deposited: <input type="text"/>

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	\$ Amount of Pay to be deposited: <input type="text"/>

I hereby authorize my employer to initiate automatic deposits to my account at the financial institution(s) named above  
I also authorize my employer to make withdrawals from this account(s) in the event that a credit entry is made in error

Further, I agree not to hold my employer responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account

This agreement will remain in effect until my employer receives a written notice of cancellation from me or until I submit a new direct deposit form to the Payroll Department.

Employee# \_\_\_\_\_

Employee Name: \_\_\_\_\_

Date: \_\_\_\_\_

Employee Signature: