

DIRECT DEPOSIT AUTHORIZATION

EMPLOYEE NAME _____
EMPLOYEE SOCIAL SECURITY/ID # _____
ADDRESS _____
CITY, STATE ZIP _____

DEPOSIT TO:

1. NAME OF BANK/FINANCIAL INSTITUTION _____
ROUTING/TRANSIT NUMBER _____
YOUR ACCOUNT NUMBER _____
TYPE OF ACCOUNT – PLEASE CIRCLE ONE: CHECKING / SAVINGS
% OF CHECK TO BE DEPOSITED _____

2. NAME OF BANK/FINANCIAL INSTITUTION _____
ROUTING/TRANSIT NUMBER _____
YOUR ACCOUNT NUMBER _____
TYPE OF ACCOUNT – PLEASE CIRCLE ONE: CHECKING / SAVINGS
% OF CHECK TO BE DEPOSITED _____

3. NAME OF BANK/FINANCIAL INSTITUTION _____
ROUTING/TRANSIT NUMBER _____
YOUR ACCOUNT NUMBER _____
TYPE OF ACCOUNT – PLEASE CIRCLE ONE: CHECKING / SAVINGS
% OF CHECK TO BE DEPOSITED _____

*****PLEASE ATTACH A VOIDED CHECK WITH THIS FORM*****

DEPOSIT OF YOUR PAYCHECK IS AVAILABLE TO MULTIPLE ACCOUNTS. PLEASE DESIGNATE THE PERCENTAGE OF FUNDS TO DEPOSIT IN EACH ACCOUNT. IT TAKES APPROXIMATELY 30-45 DAYS TO ACTIVATE THIS PROCESS.

EMPLOYEE SIGNATURE _____
BUILDING ASSIGNMENT _____
DATE _____

PLEASE RETURN THIS FORM TO:
PAYROLL MANAGER
FINANCE