

PAYROLL DIRECT DEPOSIT AUTHORIZATION

NAME _____ DATE _____

DEPT. _____ SOCIAL SECURITY NUMBER _____

SIGNATURE _____

*****CHECKING ACCOUNT – MUST HAVE VOIDED CHECK*****

*****SAVINGS ACCOUNT- MUST HAVE PROOF OF ACCOUNT NUMBER AND
ROUTING NUMBER*****

*****DIRECT DEPOSITS WILL NOT BE PROCESSED WITHOUT
THE PROPER DOCUMENTATION LISTED ABOVE*****

BANK NAME _____

ROUTING ACCOUNT
NUMBER (ABA) _____ NUMBER _____

NEW _____ CHANGE _____ CANCEL _____ CHECKING _____ SAVINGS _____

DEPOSIT MY ENTIRE NET PAY _____ OR DEDUCT \$ _____ EACH PAY PERIOD

BANK NAME _____

ROUTING ACCOUNT
NUMBER (ABA) _____ NUMBER _____

NEW _____ CHANGE _____ CANCEL _____ CHECKING _____ SAVINGS _____

DEPOSIT MY ENTIRE NET PAY _____ OR DEDUCT \$ _____ EACH PAY PERIOD

