

AUTHORIZATION FOR DIRECT DEPOSIT

Complete this form for each employee or contractor electing direct deposit.

I authorize _____ to deposit my pay automatically to the account(s) indicated below and, if necessary, to adjust or reverse a deposit for any payroll entry made to my account in error. This authorization will remain in effect until I cancel it in writing and in such time as to afford _____ a reasonable opportunity to act on it.

Primary Direct Deposit

Name on bank account: _____

Bank account number: _____ Checking ____ Savings ____

Bank routing number: _____

Amount: \$ _____ or entire paycheck: _____

*Balance of pay to:

_____ Manual (paper check)

_____ Secondary account described below

*Note: Split payments are not available for contractors.

Secondary Direct Deposit (balance after direct deposit entry above)

Name on bank account: _____

Bank account number: _____ Checking ____ Savings ____

Bank routing number: _____

EMAIL ADDRESS: _____

Your email address to receive direct deposit paystubs

Employee/Contractor signature: _____

Date: _____

Payers: Don't send us this form with your Direct Deposit enrollment. Keep for your records.

PLEASE GIVE THIS COMPLETED DOCUMENT AND A VOIDED CHECK TO YOUR MANAGER.