

AUTHORIZATION FOR DIRECT DEPOSIT

EMPLOYEE'S AUTHORIZATION - Please fill out and return to the Payroll Department

I authorize you and the financial institution listed below to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my (mark one) ☐ Checking Account ☐ Savings Account each payday. This authority will remain in effect until I have cancelled it in writing.

Financial Institution

Name

Branch

Social Security Number

City

State

Signature

ACCOUNT INFORMATION

Bank Transit Routing Number

Account Number Information

Attach Voided Check or Savings Deposit Ticket