Direct Deposit Sign-up/Authorization Form

- Complete this form with the name of your employer, your name, social security number, work address and phone, and the name and location of your financial institution.
- Indicate whether pay is to be deposited to a checking or savings account. If to your checking account, attach a check to the form. Print "VOID" across the front of the check. For savings, please obtain the correct transit routing and account number from your financial institution. Give the form (and voided check) to your personnel manager or payroll department. They will contact you if they have questions.

I hereby authorize my employer _____
to initiate deposits (or correcting entries to previous deposits) to my account (select one):
☐ checking account ☐ savings account

This authority is to remain in force until I revoke it by giving written notice to my employer or upon termination of my employment.

_____
Your Signature

_____
Date

_____
Your Name

_____
Social Security Number

_____
Your Work Address

_____
Your Work Phone

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_____
Name of Your Bank, Savings and Loan, or Credit Union

_____
Its City and State Location

OFFICE USE ONLY

Transit Routing Number

Account Number