

# AUTHORIZATION /AGREEMENT FOR AUTOMATIC DEPOSIT OF PAYROLL

Name: \_\_\_\_\_ SS# \_\_\_\_\_ Work Location: \_\_\_\_\_

Please read the following important information and instructions to initiate direct deposit of your payroll check to the financial institution of your choice.

- 1) Complete this form in its entirety, attach a voided check and return it to the Payroll Department in a sealed envelope.
- 2) It is your responsibility to submit correct information. Your deposit will only be as accurate as the information you provide.
- 3) The activation of your direct deposit could take up to six weeks. Once this completed form is received by the Payroll Department, a two step process begins:
  - a. A pre-note transmission is made to verify the account information.
  - b. After pre-note completion, direct deposit will be activated for the next payroll.

**\*\*Please notify the Payroll Department of account closings, bank changes and account changes. Changing banks and/or accounts will require a pre-note transmission. A paper check will be issued while account information is verified. Changes not reported to the Payroll Department may result in delay of payment.\*\***

Financial Institution Name and Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check One:

\_\_\_\_ New Authorization \_\_\_\_ Change of Authorization

Transit/ABA Number:

\_\_\_\_\_

Account Number:

\_\_\_\_\_

Type of Account

\_\_\_\_ Checking      \_\_\_\_ Savings

I hereby certify that I am an owner of the above account and authorize the Payroll Department to deposit the full net amount of my payroll check to the financial institution/account indicated above, and to post debit entries to correct any deposits made in error. This authorization shall remain in full force and effect until you have received written notification from me of its termination in such a manner as to afford you a reasonable opportunity to act upon it.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

**Attach Voided Check**