DIRECT DEPOSIT AUTHORIZATION FORM

Last Name (please print legibly)	First Name	Middle Initial	Social Security No.
ACCOUNT DESIGNATION Check only ONE. Deposit may	ON: y only be made to ONE account. No	o combination of accounts.	
	(Contact your bank to verify the of the check (for check)		er processing of direct deposi
Routing Number			
Account Number			
	Contact your bank to verify the corre T: Attach deposit slip (for savings		rocessing of direct deposit
Routing Number	and the second s		
Account Number			
STOP my par	ANT! Attach voided check (for che ticipation in the program. y current Direct Deposit Program – (
Routing Number			
Account Number			
nitiate electronic credit entries, and if i confirm that the account listed above is	OR ABOVE SELECTIONS: My signature necessary, debit entries or adjustments for any in my name and I am an authorized signer. It we employer processes the cancellation.	credit entries in error to my checking	and/or savings accounts listed above.
Employee Signature:		Date:	_
	Attach Voided Check or Savi	ings Account Deposit Slip	,