

**ATTACH
VOIDED
CHECK
HERE ***

DIRECT DEPOSIT

EMPLOYEES AUTHORIZATION-PLEASE FILL OUT AND RETURN TO THE PAYROLL DEPARTMENT

I authorize you and the Financial Institution listed below to initiate deposit of funds to which I am entitled automatically to my account. If funds to which I am not entitled are deposited to my account, I authorize you to direct the Financial Institution to return said funds. This authority will remain in effect until I have cancelled it in writing at such time and in such manner as to afford you a reasonable opportunity to act.

(Check One) Checking Account **or** Savings Account

FINANCIAL INSTITUTION

NAME (PLEASE PRINT)

BRANCH

ACCOUNT NUMBER AT FINANCIAL INSTITUTION

CITY STATE

SIGNATURE DATE

TRANSIT ROUTING NUMBER

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(9 DIGITS)

ACCOUNT NUMBER INFORMATION

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(17 DIGITS MAXIMUM)

DIRECT DEPOSIT CHANGE REQUEST

EMPLOYEES AUTHORIZATION-PLEASE FILL OUT AND RETURN TO THE PAYROLL DEPARTMENT

- I already have Direct Deposit, please change to this new account number. EFFECTIVE: _____
- I already have Direct Deposit please change my bank information and account number. EFFECTIVE: _____

(Check One) Checking Account **or** Savings Account

FINANCIAL INSTITUTION

NAME (PLEASE PRINT)

BRANCH

ACCOUNT NUMBER AT FINANCIAL INSTITUTION

CITY STATE

SIGNATURE DATE

CURRENT PHONE NUMBER

NEW TRANSIT ROUTING NUMBER

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(9 DIGITS)

NEW ACCOUNT NUMBER INFORMATION

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(17 DIGITS MAXIMUM)

OLD TRANSIT ROUTING NUMBER

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(9 DIGITS)

OLD ACCOUNT NUMBER INFORMATION

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(17 DIGITS MAXIMUM)