

**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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(16 DIGITS MAXIMUM)

DIRECT DEPOSIT CHANGE REQUEST

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

I already Direct Deposit, please change to this new account number. EFFECTIVE : _____

I already 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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(16 DIGITS MAXIMUM)

OLD TRANSIT ROUTING NUMBER

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(9 DIGITS)

OLD ACCOUNT NUMBER INFORMATION

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(16 DIGITS MAXIMUM)