DIRECT DEPOSIT FORM

Date: _____

Employee Authorization – Please complete and return to the Human Resource Department

I authorize you and the financial institution listed below to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my account each payday. This authority will remain in effect until I have cancelled it in writing.

	Type of Account: ☐ **CHECKING** ☐ **SAVINGS**
	Comments:
Staple voided check here →	**Financial Institution:**
	Branch:
	City: **State:**
	Name (print):
	Account Number:
	Signature (required):

TRANSIT ROUTING NUMBER (9 digit number appearing on the left of your check blank)	**ACCOUNT NUMBER** (Number that appears immediately to the right of the Transit Routing Number on your check blank. Do not include the check number)

TRANSIT ROUTING NUMBER (9 digit number appearing on the left of your check blank)	**ACCOUNT NUMBER** (Number that appears immediately to the right of the Transit Routing Number on your check blank. Do not include the check number)