

Authorization Agreement for Automatic Payroll Deposits

NOTE: Your next pay date, depending on when you submit this form to the Payroll Department, will be handled as a paycheck while a test of the deposit transfer, including any partial amounts, is first processed. The actual deposit (net pay and/or partials) will take place on the immediate pay date following the test.

Please notify the Payroll Department immediately in the event that you close any of your accounts listed below.

Company Code	Dept. No.	Social Security No.	Employee Name (Please print)	Facility Name
Type of Authorization New _____ Change _____		Frequency of Pay: <u>Biweekly</u>		

I hereby authorize the Company to initiate credit entries, and if necessary, debit entries for any erroneous credit entries, to my account(s) indicated below, and the financial institution(s) named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account(s). I have attached proof of the account(s) I want credited.

_____ I wish to have my **net pay** deposited into the **checking** account below. (BNK 1)

**NET PAY DEPOSIT
CHECKING**

Depository Name	Branch	Phone No
Depository Address	Transit/ABA No	Account No

-OR-

_____ I wish to have my **net pay** directly deposited into the **savings** account below. (BNK 3-DN95*22)

**NET PAY DEPOSIT
SAVINGS**

Depository Name	Branch	Phone No
Depository Address	Transit/ABA No	Account No

_____ I wish to have \$ _____ directly deposited into the **checking** account below. (BNK 4-DN22)

**PARTIAL DEPOSIT
CHECKING**

Depository Name	Branch	Phone No
Depository Address	Transit/ABA No	Account No

_____ I wish to have \$ _____ directly deposited into the **savings** account below. (BNK 2-DN23)

**PARTIAL DEPOSIT
SAVINGS**

Depository Name	Branch	Phone No
Depository Address	Transit/ABA No	Account No

_____ I wish to have \$ _____ directly deposited into the **savings** account below. (BNK 5-DN24)

**PARTIAL DEPOSIT
SAVINGS**

Depository Name	Branch	Phone No
Depository Address	Transit/ABA No	Account No

This authorization to remain effective until the COMPANY has received written notification from me of its termination in such a manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Employee Signature	Date
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***** YOU MUST ATTACH A VOIDED CHECK TO THIS AUTHORIZATION FORM *****

If you do not use checks with your particular type of account, you must attach some type of document proof of the Transit/ABA and account numbers.