Direct Deposit Sign-up/Authorization Form

- Complete this form with the name of your employer, your name, social security number, work address and phone, and the name and location of your financial institution.
 Indicate whether pay is to be deposited to a checking or savings account. If to your checking account, attach a check to the form. Print "VOID" across the front of the check. For savings, please obtain the correct transit routing and account number from your financial institution. Give the form (and voided check) to your personnel manager or payroll department. They will contact you if they have questions.

I hereby authorize my employer to initiate deposits (or correcting entries to previous deposits) to my account (select one): □ checking account □ savings account		Name of Your Bank, Savings and Loan, or Credit Union
This authority is to remain in force until I revoke it by giving written notice to my employer or upon termination of my employment.		Its City and State Location
Your Signature	Date	OFFICE USE ONLY
Your Name	Social Security Number	Transit Routing Number
Your Work Address	Your Work Phone	Account Number
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