

Direct Deposit Authorization Form

I hereby authorize _____, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entry in error to my account listed below and the financial institution named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account. This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name (print): _____

Employee Number/Social Security Number: _____

Financial Institution: _____

CHECK ONE:

I am not currently participating in the Direct Deposit Program
[] ADD - Deposit my pay to the account shown.*

I am currently participating in the Direct Deposit Program
[] CHANGE - Change my financial institutions and/or account number.*
[] CANCEL - Stop my participation in the program.

* Due to the time required for Company and bank processing, allow one or two pay periods for processing. You will receive a regular paycheck until the change can be processed.

ATTACH YOUR VOIDED CHECK HERE **

**If you cannot provide a voided check, please include the following information.

Financial Institution Name: _____

Financial Institution Address: _____

Routing Number: _____

Account Number: _____

IMPORTANT! Check type of account: [] Checking [] Savings

Signature

Date