



**EMPLOYEE DIRECT DEPOSIT PAYROLL AUTHORIZATION – PLEASE
FILL OUT AND RETURN TO THE BUSINESS OFFICE (Payroll)**

I authorize you and the Bank listed to deposit my paycheck to my account each payday. If funds to which I am not entitled are deposited to my account, I authorize you to direct the bank to return said funds. This authority will remain in effect until I give written notice to terminate in sufficient time to allow the Payroll Office to act upon it. I will provide adequate notice if I close this bank account.

*****Attach a voided check to this authorization for the account involved*****

DEPOSIT INFORMATION

Deposit my total net pay to (check one):

_____ Checking Account _____ Savings Account

Account Number

Bank Name

Employee Name (please print)

Branch

Signature Date

City State Zip