EMPLOYEE DIRECT DEPOSIT PAYROLL AUTHORIZATION
PLEASE COMPLETE AND RETURN TO THE PAYROLL OFFICE

I authorize you and the Bank listed below 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 with sufficient time to allow the Payroll Office to act upon it. I will provide adequate notice if I close this bank account.

_____ _____
Employee Name (please print) Signature

Date _____

A VOIDED CHECK MUST BE ATTACHED TO THIS AUTHORIZATION FOR THE ACCOUNT INVOLVED.

☐ **NEW DEPOSIT INFORMATION**

Name of Bank _____

☐ Checking Account ☐ Savings Account

_____ _____
Routing Number Account Number

☐ **CHANGE TO DEPOSIT INFORMATION**

Name of Bank _____

☐ Checking Account ☐ Savings Account

_____ _____
Routing Number Account Number