

Direct Deposit Authorization/Change Form

Employee's Name: _____ Date: _____

Initiate Direct Deposit

Account #1 Please attach **VOIDED CHECK** or checking/deposit slip.

Account #2 Please attach **VOIDED CHECK** or checking/deposit slip.

Name of Bank _____ Name of Bank _____

Routing Number _____ Routing Number _____

Checking Account Number _____ Checking Account Number _____

Deposit Instructions:

Full Check	<input type="checkbox"/>	_____
Partial \$	<input type="checkbox"/>	_____
Partial %	<input type="checkbox"/>	_____
Remainder	<input type="checkbox"/>	_____

Deposit Instructions:

Full Check	<input type="checkbox"/>	_____
Partial \$	<input type="checkbox"/>	_____
Partial %	<input type="checkbox"/>	_____
Remainder	<input type="checkbox"/>	_____

Cancel Direct Deposit

Name of Bank _____

Routing Number _____

Checking Account Number _____

Every effort is made to ensure that your payroll is deposited into your account on the actual payday. However, employees must understand that there are possible delays in processing direct deposits.

I understand that my direct deposit cannot be guaranteed to be in my account on the actual payday due to input errors, bank holidays or time delays between our bank and other financial institutions.

I hereby authorize my employer to deposit my net pay directly into my account and to initiate, if necessary, debit entries and adjustments to correct any credit entries made in error to my account. This authorization will remain in force until I revoke it by giving written notice to the Educational Programs Operations Manager.

Employee's Signature

Date

***** IF YOU CLOSE YOUR BANK ACCOUNT YOU MUST NOTIFY HR IMMEDIATELY! *****