

Payroll Authorization

□ New □	☐ Change	Reactivation		
Employee Name:				
First	MI	Last		
Contact Number:	S	ocial Security Number:		
Plea	se initial only o	ne of the following:		
I hereby authorize my employer to deposit m necessary) entries and/or adjustments for a		o one of the following accounts and to initiate (if in error to my account:		
		SAVINGS ACCOUNT		
Account #		Account #		
Routing #		Routing #		
OR				
I would like to have my	pay deposited to	Cash Debit Card		
Accounting #				
Routing #				
To ensure that my account is properly cre	edited, I have attac	hed a:		
Pre-printed voided check from the checking account. (Cannot be a Deposit Slip).				
A letter from my financial institutio deposited.	n that includes	the account and routing number where my net pay will be		
A copy of my Cash/Debit Card Direct Dep	osit form that inclu	ides the Account and Routing #.		

Funds will be available on Fridays. Please check your account before making any transactions!

I agree that this authorization will remain in effect until I provide written notification to the payroll department terminating this service agreement.

nature	Date	Date	
	Attach Voided Check here		