

# Direct Deposit Authorization

Employee Name: \_\_\_\_\_

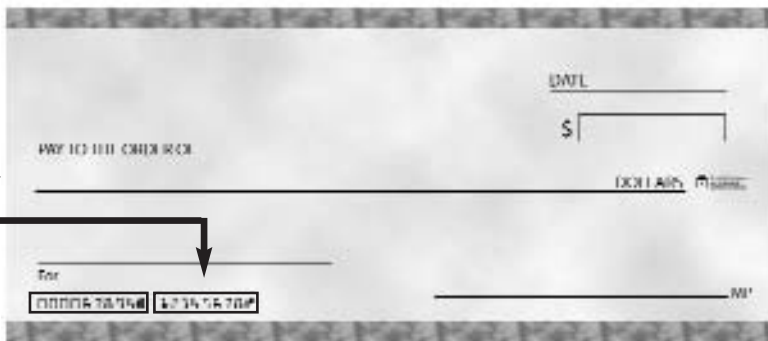
Last 4 Digits of SSN: \_\_\_\_\_ Date: \_\_\_\_\_

Employer: \_\_\_\_\_

- I choose to waive Direct Deposit Authorization (Otherwise complete Direct Deposit Authorization information below)  
 Employees are allowed to set up a maximum of three direct deposit accounts. A maximum of three checking accounts and two saving accounts are allowed.

**Account Number:**  
 Your bank account number follows the transit number on the lower, left corner of the check (see diagram).

**Transit Number:**  
 A nine-digit number located in the lower, left corner of the check (see diagram).



	Account Type	Transit/ABA Number	Account Number	Full Net Deposit	Partial Deposit (Check if partial deposit)	Amount
1.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
2.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
3.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
				<input type="checkbox"/>	Send remainder as a live check.	

## Authorization Statement:

By signing the Direct Deposit Authorization form below you are agreeing to the following:

- I authorize my employer and the bank listed above to deposit my net pay or a portion thereof as indicated into my account each pay date.
- If funds to which I am not entitled are deposited to my account, I authorize my employer to direct the bank to return said funds to my employer.
- I understand that my deposit may not be credited to my account until midnight on the pay date indicated on the check voucher.
- I understand that it is my responsibility to ensure that my wages are being deposited correctly into my account each pay date.
- I understand that each new account will go through a pre-notification process that may take two payroll periods to complete.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_