



<b>For Internal Use Only</b>
COID: _____
Initials: _____
Date: ____/____/____

Employee Authorization For Direct Deposit

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

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Type of Account:  Checking  Savings

Account #: \_\_\_\_\_ ABA#: \_\_\_\_\_

Net Pay                  Flat \$ \_\_\_\_\_ . \_\_\_\_\_                  Partial % \_\_\_\_\_

*You must attach a deposit slip or voided check to indicate your bank routing number. Employees having pay deposited into checking accounts must attach a personal check with the word "VOID" written in large letters in ink across the face of the check. Do not sign the check.*

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

I hereby authorize my employer to deposit my net pay each payday directly into my account and to initiate (if necessary) adjustments for any credit made in error to my account. This authority will remain in effect until I have given written notice to my employer to terminate this service.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date