

_____ NEW TO DIRECT DEPOSIT PROGRAM

_____ ADD/CHANGE/DELETE EXISTING DIRECT DEPOSITS

PAYROLL DIRECT DEPOSIT AUTHORIZATION

EMPLOYEE NAME:			DEPARTMENT:		PHONE:	
ACTION:	PRIORITY: (1,2,3)	BANK NAME & ROUTING NUMBER:	ACCOUNT # UP TO 17 DIGITS	DEPOSIT TYPE:	ACCOUNT TYPE:	REGULAR CHECKS ONLY:
<input type="checkbox"/> ADD <input type="checkbox"/> DELETE <input type="checkbox"/> CHANGE		BANK _____ 9 DIGIT ROUTING # _____		<input type="checkbox"/> AMOUNT \$ _____ <input type="checkbox"/> PERCENT % _____ <input type="checkbox"/> BALANCE	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	<input type="checkbox"/>
ACTION:	PRIORITY: (1,2,3)	BANK NAME & ROUTING NUMBER:	ACCOUNT # UP TO 17 DIGITS	DEPOSIT TYPE:	ACCOUNT TYPE:	REGULAR CHECKS ONLY:
<input type="checkbox"/> ADD <input type="checkbox"/> DELETE <input type="checkbox"/> CHANGE		BANK _____ 9 DIGIT ROUTING # _____		<input type="checkbox"/> AMOUNT \$ _____ <input type="checkbox"/> PERCENT % _____ <input type="checkbox"/> BALANCE	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	<input type="checkbox"/>
ACTION:	PRIORITY: (1,2,3)	BANK NAME & ROUTING NUMBER:	ACCOUNT # UP TO 17 DIGITS	DEPOSIT TYPE:	ACCOUNT TYPE:	REGULAR CHECKS ONLY:
<input type="checkbox"/> ADD <input type="checkbox"/> DELETE <input type="checkbox"/> CHANGE		BANK _____ 9 DIGIT ROUTING # _____		<input type="checkbox"/> AMOUNT \$ _____ <input type="checkbox"/> PERCENT % _____ <input type="checkbox"/> BALANCE	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	<input type="checkbox"/>

If you have selected CHECKING ACCOUNT, please attach a voided check to this form.

*****Adding a new direct deposit or changing account type, bank identification number or account number requires a prenote to be sent to the bank before the add or change becomes effective. A prenote sends your account type, bank ID and account number to the bank to assure the accuracy of the numbers. Changes should be effective in two weeks of submitting a change.**

REMARKS:

I authorize the Department of Finance and my financial institutions indicated above to initiate electronic credit entries (direct deposit) of the amounts I designated and if necessary, debit entries and adjustments for any credit entries made in error to my accounts as I indicated above. I understand that this authorization will cause any previously authorized direct deposits to financial institutions to be discontinued.

EMPLOYEE SIGNATURE:	DATE:
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