



Name: _____

SSN # _____

Authorization Agreement for Automatic Deposits

Use this form to **ADD, CHANGE, or CANCEL** a **DIRECT DEPOSIT**. Each account requires a separate form and must be in the Human Resources Department by Wednesday, 12:00 P.M. to take effect with the following week's payroll. All changes must be in writing.

Remember, if you close an account at your banking institution, you must also cancel your direct deposit.

A voided check must be attached for all new accounts or it will not be processed.

A partial direct deposit requires a flat dollar amount to be deducted. A full direct deposit requires net pay to be deposited into one account. You may have up to a total of 6 accounts. All accounts are pre-noted meaning that the first direct deposit will be effective the second pay period after account is established.

=====

To set up direct deposit you must:

- Have the account currently set up at your bank.
 - Find out if the bank accepts direct deposits. Verify bank's transit number and your account number.
 - Notify the bank that you are setting up direct deposit through payroll. Determine if the bank has special requirements.
- =====

Please check appropriate box: Current Direct Deposit Account New Direct Deposit Account

Please check appropriate box: Checking Account Savings Account

Depository (Bank) Name _____ Bank Telephone Number: _____

Bank Transit and ABA# _____

Bank Account # _____

Is this bank account in your name? _____ If not, whose? _____

FOR NEW DIRECT DEPOSIT ACCOUNT ONLY

First direct deposit will take effect the pay date following ACH Pre-note Pay Date

HED # 999

Denote Type: Full Deposit Partial Deposit \$ _____
Please Denote Amount

ACH Pre-note Pay Date: _____ 1st Direct Deposit Date: _____

For Pay Period Ending: _____ For Pay Period Ending: _____

FOR CURRENT DIRECT DEPOSIT ACCOUNT ONLY

HED # 990

Action to be taken: Cancel Account Change Partial Deposit \$ _____
 Change Partial to Full Deposit Please Denote Amount

Pay Date Effective: _____ For Pay Period Ending: _____

Authorization given by: _____
(Print Name)

(Employee Signature)

(Date)