



# Payroll Direct Deposit

On payday, you will receive a Statement of Earnings (also referred to as a Direct Deposit Advice) showing your gross salary, taxes, other deductions and net pay that has been deposited to your bank account. The amount of the deposit will also appear on your bank statement. This voluntary service is entirely free to you. We believe you will like the added convenience of having your salary automatically deposited for you. Automatic payroll deposit is convenient, easy, and safer than paychecks which can be lost or stolen.

To take advantage of this service, update existing banking information or cancel current service, please complete the following authorization form and return it to your payroll coordinator for processing.

### **Authorization Agreement for Automatic Deposits (ACH Credits)**

New Authorization    Update Current Authorization    Cancel Current Authorization

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_, to initiate credit  
(Employee Name) (Facility Name)  
entries and, if necessary, debit entries and adjustments for any credit entries made in error, to the account(s) as indicated below, and I also authorize the depository specified below to credit and/or debit the same such account.

Depository Name (Bank) \_\_\_\_\_ Amount \* \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ \* or remaining balance  
Transit/ABA No. (nine digits) \_ \_ \_ \_ \_  
Account No. \_\_\_\_\_  
Indicate Account Type:    Checking Account    Savings Account    Credit Union Account    Other \_\_\_\_\_

Depository Name (Bank) \_\_\_\_\_ Amount \$ \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Transit/ABA No. (nine digits) \_ \_ \_ \_ \_  
Account No. \_\_\_\_\_  
Indicate Account Type:    Checking Account    Savings Account    Credit Union Account    Other \_\_\_\_\_

Depository Name (Bank) \_\_\_\_\_ Amount \$ \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Transit/ABA No. (nine digits) \_ \_ \_ \_ \_  
Account No. \_\_\_\_\_  
Indicate Account Type:    Checking Account    Savings Account    Credit Union Account    Other \_\_\_\_\_

This authority is to remain in full force and effect until the Facility has received written notification from me for its termination at such time and in such matter as to afford Facility and Depository a reasonable opportunity to act upon it. I will communicate this cancellation to the payroll coordinator prior to the pay period ending date in which I want this change to take effect.

Name(s) on Account \_\_\_\_\_

Date \_\_\_\_\_ Signed \_\_\_\_\_

Note : The employee must attach a voided check before this request can be processed. Deposit tickets will not be accepted.