



Instructions: Print and complete form and provide signed copy to your employer.

EMPLOYEE INFORMATION

Name		Date Submitted	
Social Security Number	- -	Effective Pay Date	

BANKING INFORMATION

Bank Account #1 – Information

☐ Add ☐ Change ☐ Cancel the following deposit

Name of Bank

Routing # Account #

☐ Checking Account ☐ Savings Account (*check only one*) ☐ VOIDED Check must be attached

Amount of Deposit (*select one*)

☐ Percentage % (*percentages must add up to 100*)

☐ Specific amount deposited \$ ☐ Net (Remainder) deposited

Bank Account #2 – Information

☐ Add ☐ Change ☐ Cancel the following deposit

Name of Bank

Routing # Account #

☐ Checking Account ☐ Savings Account (*check only one*) ☐ VOIDED Check must be attached

Amount of Deposit (*select one*)

☐ Percentage % (*percentages must add up to 100*)

☐ Specific amount deposited \$ ☐ Net (Remainder) deposited

Bank Account #3 – Information

☐ Add ☐ Change ☐ Cancel the following deposit

Name of Bank

Routing # Account #

☐ Checking Account ☐ Savings Account (*check only one*) ☐ VOIDED Check must be attached

Amount of Deposit (*select one*)

☐ Percentage % (*percentages must add up to 100*)

☐ Specific amount deposited \$ ☐ Net (Remainder) deposited

AUTHORIZATION

I authorize you and the financial institution below to deposit my pay automatically to my account each payday. Adjusting entries to correct errors are also authorized. This authorization is to remain in full force and effect until written notification is given to the COMPANY of its termination and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Signature	
Date	