

DIRECT DEPOSIT AUTHORIZATION

The most secure method to modify your direct deposit information is through your secure ADP application (ADP application is not available in all cases). If you absolutely have to update using this form, ensure you use only secure methods of transmission. Sending it through email is not considered safe.

Name (please print): Date Submitted:	
Social Security Number:Birthdate:	
Add Change Cancel the following deposit (pick one)	
Name of Financial Institution:	
Routing #: Account #:	
Checking Savings Paycard (pick one)	
Amount of deposit (pick one)	
Net (Remainder) deposited Specific amount deposited \$(indicate amount)	
Add Change Cancel the following deposit (pick one)	
Name of Financial Institution:	
Routing #: Account #:	
Checking Savings Paycard (pick one)	
Amount of deposit (pick one)	
Net (Remainder) deposited Specific amount deposited \$(indicate amount)	
authorize you and the financial institution below to deposit my pay automatically to my bank 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:	
Email Address: PLEASE ATTACH A VOIDED CHECK (CHECKING)	
PAYROLL MANAGER TO COMPLETE: I have verbally confirmed with my employee that this direct deposit form is valid (not a scam).	

_Date:____

Signature: ___