

NAME: \_\_\_\_\_

## AUTHORIZATION TO DIRECT DEPOSIT CHECK

I request that my payroll check be direct deposited to the following institutions(s).  
I may choose up to five different banking institutions in which to have my check deposited.

Listed below is the necessary information to complete transaction(s).

<b>BANK OR CREDIT UNION NAME</b>	<b>ROUTING #</b>	<b>ACCOUNT #</b>	<b>ACCT TYPE CK OR S</b>	<b>AMOUNT TYPE AMOUNT PERCENT REMAINDER</b>	<b>DOLLAR AMOUNT OR % AMOUNT</b>

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Employee #

\_\_\_\_\_  
Date

Would you like to have your check stub mailed to your home? \_\_\_\_\_ YES \_\_\_\_\_ NO

Note: You must submit a canceled check or deposit slip with this form to Payroll.