

Employee Direct Deposit Authorization

Please Print:

Full Name:	
Address:	
City and State:	
Zip Code:	
Phone Number:	

Name of Bank:	
Bank Routing Number:	
Account Number:	
Type of Account:	

***Note: Incorrect and/or incomplete information may delay direct deposit activation.**

- A) For checking account deposits, please attach a voided check.
- B) For savings accounts deposits, please attach a deposit slip.

I authorize HR Management to electronically deposit my paychecks issued in my name directly to the financial institution listed above. I understand that in the event HR Management notifies my financial institution that I am not entitled to the funds deposited to my account, my bank is authorized to debit my account for the amount of the adjustment.

I agree to notify HR Management immediately of any changes to the information above and must fill out a new Employee Direct Deposit Authorization form. I agree to provide HR Management two week's prior notice before closing my account.

I understand that in the event my financial institution is not able to deposit any electronic transfer into my account due to any action I take, HR Management cannot issue the funds to me until the funds are returned to HR Management by my financial institution.

I understand that the direct deposit activation may take approximately 2 weeks and that I may receive up to two checks after this form has been submitted.

Employee Signature _____ **Date** _____

Office Use Only: <input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Stop <input type="checkbox"/> Voided Check Attached <input type="checkbox"/> Deposit Slip Attached	Employee ID #: _____
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