



AUTHORIZATION FOR DIRECT DEPOSIT

I authorize my employer, _____, to deposit my pay automatically to the account(s) indicated below and, if necessary, to adjust or reverse a deposit for any payroll entry made to my account in error. This authorization will remain in effect until I cancel it in writing. I will promptly complete a new authorization for direct deposit if any information contained herein changes. If my direct deposit is processed before I update the change to my information, funds payable to me will be returned to my employer's account for distribution. This will delay my check.

Primary Direct Deposit

Name on bank account: _____

Bank account number: _____ Checking ___ Savings ___

Bank routing number: _____

Amount: \$ _____ or entire paycheck: _____

**Note: Split payments are not available for contractors*

Secondary Direct Deposit (if applicable for balance after direct deposit entry above)

Name on bank account: _____

Bank account number: _____ Checking ___ Savings ___

Bank routing number: _____

ATTACH VOID CHECK HERE

Employee/Contractor signature: _____

Date: _____

Important: Please attach a voided check for **each** bank account to which funds should be deposited.