



PAYROLL REQUEST/CHANGES

CHECKING/SAVINGS DIRECT DEPOSIT

(For Checking, Attach Live Check & Void It)

Employee' s Name: _____

	<i>Name of Financial Institution</i>	<i>Transit Routing #</i>	<i>Account #</i>	<i>Amount</i>	<i>Account Type (Checking/Savings)</i>
1					
2					
3					

If you split amounts between/among accounts, one account must be indicated as Balance.

Please check the appropriate request:

_____ **Request/Change for Direct Deposit:** I hereby authorize the direct deposit of my net pay by my employer in the account(s) and financial institution(s) indicated above. In the event that my employer deposits fund erroneously into my account, I authorize my employer to debit my account for an amount not to exceed the original amount of the credit.

_____ **Cancellation of Direct Deposit:** I hereby request to cancel the existing direct deposit service. I understand that this notification shall become effective following receipt, after reasonable opportunity to act on it.

Employee' s Signature: _____ Date: _____

FOR PAYROLL USE ONLY:

Entry done by: _____ Date: _____