



EMPLOYEE DIRECT DEPOSIT AUTHORIZATION

EMPLOYEE FULL NAME (PRINT): _____

I wish to have my employer deposit my net pay and or a fixed amount(s) each payday directly to my accounts(s) as indicated. I agree to notify my employer immediately of any changes to the information so that my pay may be properly distributed. I understand that in the event my employer 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 understand that in the event my financial institution is not able to deposit any electronic transfers into my account due to any action I take; that I am responsible for any resulting bank fees incurred, and that my employer cannot issue the payroll funds to me until the funds are returned to my employer by my financial institution.

Please note that, due to timing differences, new or changed direct deposits may result in one paper check after this form has been submitted. Please do not close your account(s) without giving **Agnes Brzowska (payroll)** two weeks prior notice.

EMPLOYEE SIGNATURE: _____ **DATE:** _____

<input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Stop	<p>CHECKING ACCOUNT: NET Direct Deposit to the following CHECKING account:</p> <p>Name of Financial Institution Routing Number _____ Account Number _____</p> <p>Attach a voided check. ** If a voided check is not attached, this section should be completed by your financial institution along with their name and signature below.**</p>
<input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Stop	<p>CHECKING ACCOUNT: FIXED Amount to the following CHECKING account:</p> <p>Name of Financial Institution Routing Number _____ Account Number _____ Amount _____</p> <p>Attach a voided check. ** If a voided check is not attached, this section should be completed by your financial institution along with their name and signature below.**</p>
<input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Stop	<p>SAVINGS ACCOUNT: NET Direct Deposit to the following SAVINGS account:</p> <p>Name of Financial Institution Routing Number _____ Account Number _____</p>
<input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Stop	<p>FIXED Amount to the following SAVINGS account:</p> <p>Name of Financial Institution Routing Number _____ Account Number _____ Amount _____</p>