

Direct Deposit Application & Change Form

New Application **Change** **No Changes (sign and return)**

I authorize my employer to deposit my paycheck each payday directly into the account named below. I understand that I must give advance notice to allow reasonable time for my instructions to be executed. If ever an incorrect amount should be entered into my account, I authorize my bank to make the appropriate adjustment (s).

Name (Please Print)		

Home Address		

City	State	Zip Code
_____	_____	_____

Social Security No.

Home Phone

Signature

This authorize will remain in full force and effect until Payroll receives thirty (30) days prior written notification from me of change or termination.

Complete this section for deposit your pay in a Savings or Checking Account

Bank*

Branch Address

Account Number

<input type="checkbox"/> Savings <input type="checkbox"/> Checking

ABA NUMBER (first nine digits only)
Your ABA number appears at the bottom of your checks between the markings indicated above.

Please attach the following, depending on the type of account involved:
For existing checking account: A personal check with the word "VOID" written in large letters in ink across the face of it. Do not sign the check.
For existing savings account: A deposit slip from your bank.

***The bank you specify must be a member of the National Automated Clearing House Association.**

Attach VOIDED Check here

New applications and changes in banks used for current deposits will require a 30 day Pre-note period through the clearing house. During the Pre-note period you will receive a check for two semi-monthly pay periods before the direct deposit takes effect.

Date Completed by Payroll Dept.:
