

EMPLOYEE DIRECT DEPOSIT AUTHORIZATION

Agency Name: _____

Print Full Name: _____

Employee ID #: _____

I wish to have my employer deposit my net pay and/or a fixed amount(s) each payday directly to my account(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 transfer into my account due to any action I take, my employer can not issue the funds to me until the funds are returned to my employer by my financial institution.

Employee Signature _____

Date _____

Please note that, due to timing differences, new or changed direct deposits may receive one check after this form has been submitted. Please do not close your account(s) without giving your payroll office two week's prior notice.

This section should be completed by your financial institution for new/additional accounts when directing funds into a savings account or into a checking account if a voided personal check is not attached. Deposit slips can NOT be used.

Print name of Financial Representative: _____ Phone: _____

Signature of Financial Representative: _____ Date: _____

Direct Deposit to the following CHECKING account(s). A voided check is attached _____

If a voided check is NOT attached, then this section should be completed by your financial institution.

Deposit net pay to:

Name of Financial Institution

Routing #

Account #

New Change Stop
(Deduction 69)

Deposit fixed amount \$ _____

Name of Financial Institution

Routing #

Account #

New Change Stop
(Deduction 59)

Deposit fixed amount \$ _____

Name of Financial Institution

Routing #

Account #

New Change Stop
(Deduction 67)

Direct Deposit to the following SAVINGS account(s).

This section should be completed by your financial institution. Deposit slips can NOT be used.

Deposit net pay to:

Name of Financial Institution

Routing #

Account #

New Change Stop
(Deduction 70)

Deposit fixed amount \$ _____

Name of Financial Institution

Routing #

Account #

New Change Stop
(Deduction 60)

Deposit fixed amount \$ _____

Name of Financial Institution

Routing #

Account #

New Change Stop
(Deduction 68)

To be completed by the Agency Payroll Section: **Your direct deposit will start on** ___/___/___ **payday.**

CIPPS Updated by: _____ Date ___/___/___ Reviewed by: _____ Date ___/___/___

08/08