



EMPLOYEE DIRECT DEPOSIT
DEDUCTION AUTHORIZATION

Name: _____ EE: _____ DEPT: _____

A VOIDED CHECK, DEPOSIT SLIP, OR PRINT OUT FROM YOUR BANK STATING ACCOUNT NUMBER & ROUTING NUMBER MUST BE ATTACHED TO THIS FORM FOR ALL REQUESTS.

START STOP CHANGE

FIRST ACCOUNT: Checking Savings *Select "NET for entire amount to go to one account" NET*

Bank Name: _____

Account Number: _____

Routing Number: _____

-SEE ATTACHED-

If more than one account is being used enter amount going into this account below.
Amount: _____

If you would like check to go to more than one account, enter second account information below.

SECOND ACCOUNT: Checking Savings

Bank Name: _____

Account Number: _____

Routing Number: _____ **Amount:** _____

-SEE ATTACHED-

If you would like check to go into more than one account enter account information below.

THIRD ACCOUNT: Checking Savings

Bank Name: _____

Account Number: _____

Routing Number: _____ **Amount:** _____

-SEE ATTACHED-

EMPLOYEE SIGNATURE: _____

DATE: _____

For office use only

Date: _____

Input by: _____