



DIRECT DEPOSIT AUTHORIZATION FORM

Complete this form and return it to your supervisor.

Please check one of the following:

New Request

Change Account Information

Stop Direct Deposit

PRIMARY ACCOUNT: I authorize you and the financial institution listed below to deposit the net amount of my paycheck into the following **PRIMARY** account:

Checking Account

Savings Account

Bank/Financial Institution Name: _____

Routing Number:

Account Number:

Complete "SECONDARY ACCOUNT" section only if you want a flat amount deposited into a second account.

SECONDARY ACCOUNT: I authorize you and the financial institution listed below to deposit a flat amount of \$_____ from each pay into the following **SECONDARY** account:

Checking Account

Savings Account

Bank/Financial Institution Name: _____

Routing Number:

Account Number:

This authority will remain in effect until I send a written notice to my supervisor.

Date Name (typed) Signature Social Security #