DIRECT DEPOSIT AUTHORIZATION FORM

I, _			, hereby (select one):				
	Authorize my employer, and its agents, including financial institutions, to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my checking and/or savings accounts listed below. This authorization will remain in effect until I have informed my employer in writing that I want to cancel it and my employer has had reasonable time to effect such cancellation. I understand I should contact my bank to verify receipt of funds.						
	Revise direct deposit bank account or accounts as indicated below. Cancel direct deposit of my paycheck completely, with immediate effect. This cancellation will remain in full force and effect until I again provide the Company with written notification of authorization to deposit my paycheck automatically. I acknowledge that I will now receive paychecks for which I am responsible for depositing and/or cashing.						
Signature: Date://							
	Remaining Balance to	1 st Account	Use Percentage \Box				
Pa Ord		Acct. Type	Routing/Account Numbers	Amount	Pct.		
1		Ckg ☐ Sav ☐	Acct				
2		Ckg ☐ Sav ☐	Rtg Acct				
3		Ckg ☐ Sav ☐	Rtg Acct				
TOTAL: Attach a voided check or deposit slip for each bank account to which funds will be deposited.							
	NAME Pay to the		20				

NAME	20	0324
Pay to the order of	\$	
Bank	Dollars	
Memo	0324	

Notice: Due to government regulations regarding the use of direct deposit, employers cannot offer direct deposit of funds to:

- Foreign banks
- U.S. financial institutions where the entire amount will be forwarded to a bank account in another country.

Employees or contractors associated with such foreign organizations are not eligible for direct deposit.