



*Additional Direct Deposit Authorization*

Employee Name \_\_\_\_\_ S# \_\_\_\_\_

Bank Name (City, State) \_\_\_\_\_

Routing # (if known) \_\_\_\_\_ Account # \_\_\_\_\_

Amount \$ \_\_\_\_\_ Percent \_\_\_\_\_ %

Account Type:       Savings Account       Checking Account

**ATTENTION:**

**Note: This information will remain in effect until you initiate a change. Be aware that if you have a break in service, a new form must be completed to ensure that your payments are sent to the correct bank and account. If a new form is not completed immediately upon re-hire, payments may be sent to an account that is no longer valid.**

I hereby authorize my employer to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my checking and/or savings account as indicated by the above information and the depositories named above, each hereinafter called depository, to credit and/or debit the same to such account(s).

\_\_\_\_\_  
Signature Date