

Name (please print)	Date Submitted:
Social Security Number:	Effective Pay Date:
E-mail address:	
Financial Institution:         Routing #:         Account #:         Checking       Savings (Please check only one)         Amount of deposit (pick one)       Net (Remainder) deposited         Specific amount deposited	
Add Change Cancel the following deposit	
Routing #: Account #:	
Checking Savings (Please check only one)	
Amount of deposit <i>(pick one)</i> Net (Remainder) deposited Specific amount deposited \$	

I voluntarily authorize my Employer and the financial institution above, either directly or through its payroll service provider, to deposit any amounts owed me, automatically to my account indicated on this form. To the extent permitted by law, in the event the Employer or its payroll service provider deposit funds erroneously, adjusting entries to correct such errors are authorized to be debited from my account immediately. This authorization is to remain in full force and effect until written notification is given to the employer and financial institution of its termination and in such manner as to afford Employer and financial institution a reasonable opportunity to act on it.

Signature:

Date:

## VOIDED CHECK (CHECKING) MUST BE ATTACHED