

# DIRECT DEPOSIT OF PAYROLL AUTHORIZATION FORM

Employer Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Employee Social Security Number: \_\_\_\_\_

\_\_\_\_\_ **NEW ENROLLMENT**

\_\_\_\_\_ **CHANGE OF ACCOUNT**

## **CHECKING OR SAVINGS ACCOUNT**

\_\_\_\_\_ **SAVINGS (Complete Routing and Account # from Bank and sign form).**

\_\_\_\_\_ **CHECKING (Complete Routing and Account # from Bank and sign form).**

BANK NAME: \_\_\_\_\_

ROUTING # \_\_\_\_\_ ACCOUNT# \_\_\_\_\_

## **RE-LOADABLE PAYROLL CARD OF YOUR CHOICE**

\_\_\_\_\_ Payroll card of your choice: (**Attach enrollment or verification that was included with your re-loadable card**).

BANK NAME ISSUING CARD \_\_\_\_\_

PHONE # \_\_\_\_\_

ROUTING # \_\_\_\_\_ ACCOUNT# \_\_\_\_\_

### **AUTHORIZATION STATEMENT:**

I hereby authorize the fiscal agent of my employer and the financial institution listed above to deposit my pay electronically to my account each payday. If funds to which I am not entitled are deposited to my account, I authorize the fiscal agent of my employer to direct the financial institution to return said funds. I understand that the fiscal agent of my employer does not intend to deposit its own funds to my account, but only those funds which are provided to it for my account on behalf of the employer named above.

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE