



**AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT**

I authorize the direct deposit of my net pay by my employer in the account(s) and financial institution indicated below. Such direct deposit will be made on each succeeding payday, unless I choose to terminate this agreement in writing to my employer. Any such notification to my employer shall become effective following receipt, after a reasonable opportunity to act on it.

\*\*\*\*\*

\_\_\_\_\_  
**Name of Financial Institution**

\_\_\_\_\_  
**\*Transit Routing Number of Financial Institution (First set (9-digit) numbers on bottom of check)**

➤ **Deposit to Account No.** \_\_\_\_\_

\_\_\_\_\_  
    **Checking      Dollar Amount**

➤ **Deposit to Account No.** \_\_\_\_\_

\_\_\_\_\_  
    **Savings      Dollar Amount**

.....  
\_\_\_\_\_  
**Name of Financial Institution**

\_\_\_\_\_  
**\*Transit Routing Number of Financial Institution (First set (9-digit) numbers on bottom of check)**

➤ **Deposit to Account No.** \_\_\_\_\_

\_\_\_\_\_  
    **Checking      Dollar Amount**

➤ **Deposit to Account No.** \_\_\_\_\_

\_\_\_\_\_  
    **Savings      Dollar Amount**

.....  
\_\_\_\_\_  
**Employee Name (Please Print)**

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**