

## AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

TYPE OF TRANSACTION: (circle one)	TYPE OF ACCOUNT: (circle one)	
New Change Cancel	Checking Savings	
Add/Change Amount:		Bank Name
% or \$		
	Account Number	Routing Number
TYPE OF TRANSACTION: (circle one)	TYPE OF ACCOUNT: (circle one)	
New Change Cancel	Checking Savings	
Add/Change Amount:	,	Bank Name
% or \$%		
	Account Number	Routing Number
TYPE OF TRANSACTION: (circle one)	TYPE OF ACCOUNT: (circle one)	
New Change Cancel	Checking Savings	
Add/Change Amount:		Bank Name
% or \$		
	Account Number	Routing Number
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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.		
Employee number and signature of employee must be included in order for the above changes to be		
processed.		
Employee Number E	Employee Name (Please Print)	

Signature

Date