



AUTHORIZATION FORM FOR DIRECT DEPOSIT

Name _____ Social Security Number _____

Worksite Employer _____

___ This is a NEW direct deposit request ___ This form REPLACES all previous forms

Note: You may choose from one to three separate accounts for your deposits. Pre-note process will take up to two weeks to implement

First Account - Bank Name:	Savings <input type="checkbox"/>	Checking <input type="checkbox"/>
Routing Number: <small>(first nine digits at bottom of check)</small>		
Account Number:		
Amount or Percentage:		
Second Account - Bank Name:	Savings <input type="checkbox"/>	Checking <input type="checkbox"/>
Routing Number:		
Account Number:		
Amount or Percentage:		
Third Account - Bank Name:	Savings <input type="checkbox"/>	Checking <input type="checkbox"/>
Routing Number:		
Account Number:		
Amount or Percentage:		

PLEASE ATTACH A VOIDED CHECK

If your direct deposit is inactive after 60 days due to a break in employment you must go through the pre-note process when your employment is reinstated and you wish to continue directly depositing your pay. I authorize the Company to deposit all paychecks automatically to my account as indicated above. Adjusting entries to correct errors is also authorized. This authority remains in effect until cancelled in writing.

Signature _____ Date: _____