



Automatic Deposit of Payroll

Last Name

First Name

Middle Initial

Social Security Number

Date

Home Phone Number

Cell Phone Number

E-Mail Address

Bank Name

Branch – City & State

Account Number

Routing Number

- I hereby authorize the deposit of my entire net payroll check into the above-named bank account each pay period.
- I hereby cancel the authorization of direct deposit previously submitted

Employee Signature

Attach a voided check in this box