



## DIRECT DEPOSIT AUTHORIZATION FORM

Please attach a voided check in the box below.

Note: Must be an actual check, not a deposit slip:

Your Name as it appears on account: \_\_\_\_\_

Type of Account: (checking) or (savings) \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Percent to be deposited from each payroll check: \_\_\_\_\_%

Date to be effective: \_\_\_\_\_

*Note: You should be active with Direct Deposit two weeks after your effective date indicated above or after the business office has received your authorization. Once your account is active, funds appear in your account on Fridays. You will be issued a Financial Statement weekly in the place of an actual payroll check. Please notify the Business Office immediately in the event that you should change any information on the active account being used to directly deposit funds. You may discontinue your direct deposit at any time.*