PR:

DIRECT DEPOSIT EMPLOYEE AUTHORIZATION

RETURN THIS FORM **WITH** BANK VERIFICATION DOCUMENTATION TO YOUR PAYROLL CENTER.

PRIMARY ACCOUNT – REQUIRED

I authorize you and the financial institution listed below to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my: ☐ checking account ☐ savings account

I designate $_____(amount) **or** _____ %(percentage) of my pay each pay day to this primary account.

This information will be effective starting on the pay day dated _____. This authority will remain in effect until I submit a new Direct Deposit Employee Authorization form.

_____ _____

FINANCIAL INSTITUTION NAME (PLEASE PRINT)

_____ _____ _____

CITY STATE SIGNATURE DATE

TRANSIT ROUTING NUMBER ACCOUNT NUMBER

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PLEASE ATTACH A BANK VERIFICATION DOCUMENT TO CONFIRM THIS ACCOUNT INFORMATION (i.e. voided check, deposit slip, etc.)

SECONDARY ACCOUNT - OPTIONAL

I authorize you and the financial institution listed below to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my: ☐ checking account ☐ savings account – as long as my net pay covers the amount.

I designate $_____ (amount) **or** ____ %(percentage) of my pay each payday to this secondary account.

This information will be effective starting on the pay day dated _____. This authority will remain in effect until I submit a new Direct Deposit Employee Authorization form.

_____ _____

FINANCIAL INSTITUTION NAME (PLEASE PRINT)

_____ _____ _____

CITY STATE SIGNATURE DATE

TRANSIT ROUTING NUMBER ACCOUNT NUMBER

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PLEASE ATTACH A BANK VERIFICATION DOCUMENT TO CONFIRM THIS ACCOUNT INFORMATION (i.e. voided check, deposit slip, etc.)