

DIRECT DEPOSIT FORM

Please fill out and sign, **attach a voided check(s) or print out from your bank** for verification of all financial institution information and return this form to Human Resources. You may choose up to three financial institutions in which your pay can be direct deposited. --- PLEASE NOTE ALL ACCOUNTS MUST BE REPORTED ON EACH TIME

Employee Name: _____ **Employee #:** _____

I authorize you (EPB) and the financial institution(s) listed below to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my account(s) each pay period. This authority will remain in effect until I have cancelled it in writing.

ACCOUNT 1

Checking Account \$ _____ Dollar Amount of Pay to Deposit
or
 Savings Account Deposit the Full Check Amount

This account is NEW

This account information is already on file

Financial Institution

Name on Account

Branch

City & State

ACCOUNT 2

Checking Account \$ _____ Dollar Amount of Pay to Deposit
or
 Savings Account Deposit the Remaining Amount

This account is NEW

This account information is already on file

Financial Institution

Name on Account

Branch

City & State

ACCOUNT 3

Checking Account \$ _____ Dollar Amount of Pay to Deposit
or
 Savings Account Deposit the Remaining Amount

This account is NEW

This account information is already on file

Financial Institution

Name on Account

Branch

City & State

The corresponding voided check(s) and/or print out(s) from the bank(s) should be attached to this form.

Employee Signature: _____ **Date:** _____

