



# Direct Deposit Authorization or Cancellation Form

Employee No. \_\_\_\_\_

Date: \_\_\_\_\_

Employee Name \_\_\_\_\_

I would like to request the following :

\_\_\_\_\_ CANCEL Direct Deposit                      Effective Date: \_\_\_\_\_

\_\_\_\_\_ Begin a new direct deposit transaction(s)

\_\_\_\_\_ Change my current direct deposit transaction(s)

\* By signing this form, I agree to have debits or credits made to my account(s) as requested or for any adjustment necessary due to untimely or incorrect direct payroll deposit transactions.

\*Signature: \_\_\_\_\_

Once the transaction(s) are set up, it generally takes 2 payroll cycles for testing of the pre-note process.

Routing Transit # ( 9 digits ):    - - - - -

Bank Account #: \_\_\_\_\_

Account Type:    ( ) Checking    ( ) Savings

**\* Please attach a voided check or other documentation showing account number and bank transit code for the account \*.**

### Additional Direct Deposit

Routing Transit # ( 9 digits ):    - - - - -

Bank Account #: \_\_\_\_\_

Account Type:    ( ) Checking    ( ) Savings                      Percent: \_\_\_\_\_    Amount: \$ \_\_\_\_\_

**\* Please attach a voided check or other documentation showing account number and bank transit code for the account \*.**

Office Use Only:

Entered by: \_\_\_\_\_    Date: \_\_\_\_\_