

DIRECT DEPOSIT AUTHORIZATION

Name:

I.D.#

S.S.#

Bank Name and Branch:

Account Number:

Check appropriate box:

Direct deposit.

The undersigned hereby requests and authorizes the entire amount of my
paycheck

each pay period to be deposited directly into the bank account named above.

() Direct payroll deduction deposit.

The undersigned hereby requests and authorizes the sum of dollars
(\$)

be deducted from my paycheck each pay period and to be deposited directly
into the bank account named above.

() I would like to cancel my deposit authorization.

The undersigned hereby cancels the authorization for direct deposit or payroll
deduction

deposited previously submitted.

Employee Signature

Date

Please attach a copy of deposit slip