Payroll Direct Deposit Authorization Form (THIS FORM CHANGES ONLY AN EMPLOYEE BANK ACCOUNT(S) FOR DIRECT DEPOSIT)

I,, (employee) do hereby authorize		
this authorization will remain understand that my account direct deposit on a live basis. account or Payroll Debit Card	s as specified below or (if or in effect until I provide tim may receive a prenote (\$0. I authorize any overpayme I.	deposit my payroll check directly into all of my checked) add to my Payroll Debit Card. I understand ely written notice to cancel this service. I also 00) transaction one pay cycle before I can begin the ents to me to be electronically deducted from my
Account(s) to be credited (can be deposited in multiple accounts): Voided check (not a deposit slip) or a Savings account deposit slip must be attached to process request.		
Bank No	_ Acct. #	%, \$ or Net
Type of account: Checking	_, Savings	
Bank No	_ Acct. #	%, \$ or Net
Type of account: Checking _	Savings	
Bank No	_ Acct. #	%, \$ or Net
Type of account: Checking _	Savings	
I authorize my employ	er to add my Net Pay to th	e balance of my Payroll Debit Card.
(i.e.: 100% into checking; or amount into Checking or Pay		amount into Checking; or 10.00% into Savings, Net
Signature of employee		Date

Attach voided check here