



**EMPLOYEE/ PROVIDER AUTHORIZATION
FOR DIRECT DEPOSIT**

CHECKING ACCOUNT: For Direct Deposit – Complete Section I and II. If your bank account is a Checking account, attach a blank check marked “Void” to this form or contact your bank to get the official Direct Deposit form. Handwritten forms will not be accepted.

SAVINGS ACCOUNT: If your bank account is a Savings account, contact your bank for an official bank letter notating your account. This will include transit/ routing and account information for your bank. Handwritten forms will not be accepted.

CASH CARD: If you are direct depositing to a cash card, provide the official information you received from the company containing transit and routing numbers. Handwritten forms will not be accepted.

Note: If you are requesting Direct Deposit, NOTE: your first payroll will be a “pre-note” or a paper check. Please ensure that we have your current mailing address.

SECTION I: DESIGNATION OF FINANCIAL INSTITUTION

Name of Bank/Institution: _____

Bank/Transit/ABA Routing Number Account Number

Type of Account:
 Checking
 Savings
 Debit/
 Money Card

SECTION II: AGREEMENT CONFIRMATION

Check one of the following:

- PREFERRED:** I authorize the Employer and bank/ institution indicated above to deposit the assigned amount of my payment automatically into my checking or savings account(s) as payment for goods and services.
- I decline the Automatic Direct Deposit option for my pay. I prefer to receive a check as payment for goods and services.

Signed:

Signature

Date

Print Name