

Direct Deposit Authorization ~ Deduction

Name: _____
(Last) (First) (Middle)

Employee ID #: _____ Deduction Amount: \$ _____

Department Name: _____

A voided check must be attached here
(or a "Direct Deposit Request Form" from your bank)

Please Check One:

New Request *Stop Old Deduction* *Stop Old Deduction. and Authorize New Deduction*

Name of Bank: _____

Type of Account: *Checking* *Savings*

My signature below certifies that the information on this form is correct and authorizes the direct deposit of the deduction amount to the above-listed financial institution. This authorization will remain in effect until I make another change in writing. My final check will not be directly deposited.

Signature/ Date