

AUTOMATIC DEPOSIT AUTHORIZATION

Last Name

First Name

Initial

Social Security Number

Bank Name and Branch

Bank Account Number

AUTHORIZATION FOR AUTOMATIC DEPOSIT

- I hereby request the deposit of my entire paycheck into the above named account on every pay period.

THIS ACCOUNT IS A:

- Checking Account
- Savings Account

Employee Signature

Date

NOTE: For automatic deposit--Please attach a deposit slip to this form to expedite this process.

You will receive a regular check for your next payperiod, and then your automatic deposit will go into effect.

CANCELLATION OF AUTHORIZATION FOR AUTOMATIC DEPOSIT

- I hereby cancel the Authorization for Automatic Deposit previously submitted.