



# DIRECT DEPOSIT FORM

*Please complete this form to add or change direct deposit information. NO verbal changes are acceptable. All changes must be in writing. If you choose to stop direct deposit, please do so in writing and send to the Human Resource Management Department. Direct Deposit becomes effective approximately ten (10) working days from receipt, NOT immediately.*

## **AUTHORIZATION AGREEMENT FOR AUTOMATIC DIRECT DEPOSIT**

**In order to have direct deposit, please fill out the information below and**

***Attach a blank voided check.***

For new accounts, you need to:

1. Already have a checking or savings account set up at your bank.
2. Find out if they are part of the Automated Clearing House (ACH), and if they accept direct deposits.
3. If the answer is yes to these conditions, notify your institution that a direct deposit is being set up and ask if there is anything special needed.
4. Return form to Human Resource Management.

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### **FILL OUT BELOW:**

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Depository Name (Bank or Credit Union)

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Bank Transit ABA Number (9 digits)

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Bank Account Number

Account Type: \_\_\_\_\_ Checking

\_\_\_\_\_ Savings

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Printed Name

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Authorized Signature

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Date