



S# _____

EMPLOYEE'S AUTHORIZATION FOR DIRECT DEPOSIT

NOTE: 100% of any reimbursement will be via direct deposit to your primary account.

Employee Name: _____

1. **PRIMARY** Financial Institution: _____

Attach Voided Check

Transit Routing Number: _____

Account Number (from voided check): _____

ACCOUNT TYPE: Checking Account Savings Account Other _____

Percentage or Dollar Amount: _____ (not applicable to reimbursements)

Add direct deposits to this account Stop direct deposits to this account

2. **Second** Financial Institution: _____

Attach Voided Check

Transit Routing Number: _____

Account Number (from voided check): _____

ACCOUNT TYPE: Checking Account Savings Account Other _____

Percentage or Dollar Amount: _____

Add direct deposits to this account Stop direct deposits to this account

3. **Third** Financial Institution: _____

Attach Voided Check

Transit Routing Number: _____

Account Number (from voided check): _____

ACCOUNT TYPE: Checking Account Savings Account Other _____

Percentage or Dollar Amount: _____

Add direct deposits to this account Stop direct deposits to this account

I hereby authorize my employer to initiate electronic funds transfer (EFT) deposit, and if necessary, to reverse any incorrect EFT deposit made in error to my bank account indicated above.

Date: _____ Signed: _____