

Mary C. O'Brien ASD/Secure Care

Direct Deposit Payroll Authorization Form

Full Legal Name: _____
(Printed) Last, First Middle

Social Security Number: _____ Bank Name/Branch: _____

Routing Number: _____ Account Number: _____

Check the appropriate item: _____

_____ **Direct deposit.**

The undersigned hereby requests and authorizes the entire amount of my paycheck each pay period to be deposited directly into the bank account named above.

_____ **Direct payroll deduction deposit.**

The undersigned hereby requests and authorizes the sum of _____ dollars (\$_____) be deducted from my paycheck each pay period and to be deposited directly into the bank account named above.

_____ **I would like to cancel my deposit authorization.**

The undersigned hereby cancels the authorization for direct deposit or payroll deduction deposited previously submitted.

Employee Signature _____ Date _____

Note: By signing this document you understand that the automatic deposit does not take place immediately. It takes time to process with your financial institution. Your first paycheck (or up to three) will may be "live" checks(s). Also, any changes you may make to your current automatic deposit distribution may create a "live" check pending a pre-note with your financial institution. **USE A SEPARATE FORM FOR ADDITIONAL BANK ACCOUNTS/FINACIAL INSTITUTIONS**

SUBMIT WITH VOIDED CHECKFORMS WILL NOT BE PROCESSED WITHOUT COMPLETE INFORMATION