



DIRECT DEPOSIT AUTHORIZATION AGREEMENT

TO: Direct Deposit Participant

FROM: Payroll

It has come to our attention that you are starting or would like to change your existing Direct Deposit.

	Bank Name	City, State	*Transit/ABA No.	Type of Account "C" Checking "S" Savings	Account No.	Flat Amount from each (or) Net Pay	% of each Net Pay
1							
2							

This authority is to remain in full force and effect until EMPLOYER has received written notification from me to terminate the instructions herein and has a reasonable opportunity to act on it.

	/		
Last 4 Digits of Social Security Number	Date	Employee No.	Employee Signature

***Printed Name**

**If more than one account is used, line 1 must be the primary account and any balance of net pay.

If funds to which I am not entitled are deposited to my account, I authorize you to direct the bank to return said funds.

Please attach a copy of a voided check for a checking account or savings deposit slip for a savings account. A notice from the banking institution would also be acceptable

THINGS TO REMEMBER:

1. As a condition of employment, the MSD of Pike Township requires all employees to be paid via direct deposit.
2. Money should be available to you by noon of payday.
3. If the official pay date is a day other than Friday, we make every effort to be sure that your money is available and in your account on the actual pay date. Please check with your bank to verify.
4. You may change (banks, accounts, etc.) your direct deposit anytime during the year. Please notify payroll in sufficient time for the change to be made.

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Revised 4/30/2021