

## AUTHORIZATION FOR DIRECT DEPOSIT OF PAYROLL

I authorize HPS and the bank/credit union indicated below to automatically deposit part (or all) of my net pay to my account each payday. **If monies to which I am not entitled are deposited to my account, I will return said funds.** This authority **will remain in effect until I have canceled in writing.** Only **ONE** bank and account per form.

### New Authorizations

\_\_\_\_\_  
Financial Institution Name

\_\_\_\_\_  
Routing (Transit) Number\*

\_\_\_\_\_  
Account Number

**Type of account:**      Checking      Savings

Please indicate the following: **Note: Maximum is three direct deposits per person**

Net Pay to be Deposited (100% or remaining balance)     Partial Deposit Amount \$ \_\_\_\_\_

**\*For checking accounts attach a blank voided check or a preprinted document with account and routing number from your bank**

**\*For savings accounts attach a preprinted document with account and routing number from your bank**

2. **Account Number Changes Only (No change** to financial institution) \_\_\_\_\_

*Note: You will receive a regular check for at least 1 to 2 pay periods*

Write New Account Number Here

3. **Amount Changes Only (No change** to financial institution or account number) \$ \_\_\_\_\_

Write New Amount Here

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**Changes to Authorizations PLEASE DO NOT CLOSE YOUR BANK ACCOUNT BEFORE CONTACTING THE PAYROLL DEPARTMENT.** **\*For checking and/or savings accounts attach a blank voided check and/or a preprinted document with account and routing number from your bank\***

**To Replace** existing direct deposit (including existing account number)

\_\_\_\_\_  
Existing Financial Institution

\_\_\_\_\_  
Existing Routing Number\*

\_\_\_\_\_  
Existing Account Number

Type of Account:

Checking  Savings

Net Pay or Partial \$ \_\_\_\_\_

\_\_\_\_\_  
New Financial Institution

\_\_\_\_\_  
New Routing Number\*

\_\_\_\_\_  
New Account Number

Type of Account:

Checking  Savings

Net Pay or Partial \$ \_\_\_\_\_

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### **Cancellation for Direct Deposit Authorization**

\*Please complete to Cancel Direct Deposit

\_\_\_\_\_  
Financial Institution

\_\_\_\_\_  
Account Number

Checking    or    Savings

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**Please note the following:** Once the direct deposit is entered into the payroll system, you will continue to receive a regular paycheck **for the next one to two pay periods**, until the direct deposit is established.

\_\_\_\_\_  
Employee Name (Print)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

03/19/25