



DIRECT DEPOSIT AUTHORIZATION FORM

EMPLOYEE NAME: _____

PLEASE PRINT

EMPLOYEE EMAIL ADDRESS: _____

Bi-Weekly pay stubs are issued via email only. Your password is the last 4 digits of your Social Security #

BANK NAME: _____

BANK TRANSIT/ROUTING# (A.B.A.#): _____

ACCOUNT# _____ AMOUNT \$ _____

Please choose which type of account is listed above

☐

CHECKING

☐

SAVINGS

BANK NAME: _____

BANK TRANSIT/ROUTING# (A.B.A.#): _____

ACCOUNT# _____ AMOUNT \$ _____

Please choose which type of account is listed above

☐

CHECKING

☐

SAVINGS

Is this a change to an existing direct deposit enrollment form already on file with Payroll? ☐ YES ☐ NO

**A VOIDED BANK CHECK OR COMPLETED BANK DIRECT DEPOSIT
AUTHORIZATION MUST BE ATTACHED TO THIS FORM**

I hereby authorize C.E.S. to directly deposit my paycheck to the bank account listed above

Employee Signature

Date