

Please complete this form and return it to Payroll Data. Do not forget to sign it. Do not forget to attach your voided check.

Thank you.

EMPLOYEE'S AUTHORIZATION — Please fill out and return to the Payroll Department.

I authorize you and the financial institution listed below to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my:

checking account savings account

each payday. This authority will remain in effect until I have cancelled it in writing.

Date _____

FINANCIAL INSTITUTION _____

NAME (PLEASE PRINT) _____

BRANCH _____

ACCOUNT NUMBER AT FINANCIAL INSTITUTION _____

CITY _____

STATE _____

SIGNATURE _____

TRANSIT ROUTING NUMBER

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ABA

ACCOUNT NUMBER INFORMATION

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STAPLE VOIDED
CHECK HERE

