



EMPLOYEE DIRECT DEPOSIT AUTHORIZATION

PRINT EMPLOYEE FULL NAME: _____ EMPLOYEE ID: _____

I wish to have my employer deposit my net pay and/or travel reimbursements and/or a fixed amount(s) each payday directly to my account(s) as indicated. I agree to notify my employer immediately of any changes to the information so that my pay may be properly distributed. I understand that in the event my employer notifies my financial institution that I am not entitled to the funds deposited to my account, my bank is authorized to debit my account for the amount of the adjustment. I understand that in the event my financial institution is not able to deposit any electronic transfer into my account due to any action I take; that I am responsible for any resulting bank fees incurred, and that my employer cannot issue the payroll funds to me until the funds are returned to my employer by my financial institution. Please note that, due to timing differences, new or changed direct deposits may result in one paper check after this form has been submitted. Please do not close your account(s) without giving your payroll office two weeks prior notice.

EMPLOYEE SIGNATURE: _____ DATE: _____

CHECKING ACCOUNTS – Attach a voided check for each account. If you do not have checks, you must include a letter from your banking institution.

NET Direct Deposit to the following CHECKING account:

Name of Financial Institution	Routing Number	Checking Account Number	Net Amount	New Change Stop
_____	_____	_____	_____	

FIXED Amount to the following CHECKING account(s):

Name of Financial Institution	Routing Number	Checking Account Number	Amount	New Change Stop
_____	_____	_____	_____	

Name of Financial Institution	Routing Number	Checking Account Number	Amount	New Change Stop
_____	_____	_____	_____	

Name of Financial Institution	Routing Number	Checking Account Number	Amount	New Change Stop
_____	_____	_____	_____	

Name of Financial Institution	Routing Number	Checking Account Number	Amount	New Change Stop
_____	_____	_____	_____	

SAVINGS ACCOUNTS – Attach a voided check for each account. If you do not have checks, you must include a letter from your banking institution.

NET Direct Deposit to the following SAVINGS account:

Name of Financial Institution	Routing Number	Savings Account Number	Net Amount	New Change Stop
_____	_____	_____	_____	

FIXED Amount to the following SAVINGS account(s):

Name of Financial Institution	Routing Number	Savings Account Number	Amount	New Change Stop
_____	_____	_____	_____	

Name of Financial Institution	Routing Number	Savings Account Number	Amount	New Change Stop
_____	_____	_____	_____	

Name of Financial Institution	Routing Number	Savings Account Number	Amount	New Change Stop
_____	_____	_____	_____	

Name of Financial Institution	Routing Number	Savings Account Number	Amount	New Change Stop
_____	_____	_____	_____	

***For Use by HROI Updated by: _____ Date: _____