

Direct Deposit Authorization

Employee Information			
Name	Employee Number		
Social Security Number			
Bank Information			
Bank Name:	Account Type: Checking	☐ Savings	
Routing/Transit Number:			
These are the nine digits to the left of your account number on the b	oottom of your check (must begin with 0, 1, 2, or 3).		
Account Number:			
Amount to be Deposited: (select either percentage or dollar	amount)		
☐ Percentage. Please specify:	☐ Dollar amount. Please specify: \$		
Bank Information			
Bank Name:	Account Type: Checking	☐ Savings	
Routing/Transit Number:			
These are the nine digits to the left of your account number on the b	pottom of your check (must begin with 0, 1, 2, or 3).		
Account Number			
Amount to be Deposited: (select either percentage or dollar	amount)		
☐ Percentage. Please specify:	☐ Dollar amount. Please specify: \$		
Date to begin direct deposit:	-		
Employee Signature	 Date		

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