



## DIRECT DEPOSIT AUTHORIZATION

Employee Name \_\_\_\_\_ Employee No. \_\_\_\_\_ Social Security No. \_\_\_\_\_

I here by authorize and request that the net amount of salaries or wages due me be paid by credit to my account with the bank indicated below beginning with the pay for the next full pay period possible and continuing until canceled by me in writing. NOTE: There will be one pay period used as a test for which you will receive a check before actual direct deposit begins.

Name of Your Bank \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Account Name (As it appears on your bank statement) \_\_\_\_\_

Bank Address (number and street) \_\_\_\_\_ ( ) \_\_\_\_\_  
Bank Phone Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Account to be credited:  Checking \$ \_\_\_\_\_ Account Number: \_\_\_\_\_  
 Savings \$ \_\_\_\_\_ Account Number: \_\_\_\_\_

Routing (ABA number):

Signature \_\_\_\_\_

Date \_\_\_\_\_

This form should be used for all direct payroll deposit initiated through Accord Human Resources. If for any reason this authorization is canceled, the payroll department should be notified in writing to this effect prior to the next regular scheduled payment date.

ATTACH A VOIDED CHECK TO THIS FORM