**EMPLOYEE DIRECT DEPOSIT AUTHORIZATION**

**Print Employee Full Name:** _____ **Employee ID #:**_____

I wish to have my employer deposit my net pay 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.

As required by the Federal Office of Foreign Asset Control in support of U.S.C. Title 50, War and National Defense, I attest that the full amount of my direct deposit is not being forwarded to a bank in another country and that if at any point I establish a standing order for my receiving bank to forward the full direct deposit to a bank in another country, I will inform my employing agency immediately.

**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 a voided check is not attached, this section should be completed by your financial institution along with their name and signature in Savings below**.**

**NET Direct Deposit to the following CHECKING account:** ☐ New ☐ Change ☐ Stop

| Name of Financial Institution | Routing Number | Checking Account Number | Amount |
|---|---|---|---|
| | | | NET |

**FIXED Amount to the following CHECKING account(s):** ☐ 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 |
|---|---|---|---|
| | | | |

**SAVINGS ACCOUNTS. Deposit slips can NOT be used. This section and the routing and account numbers below should be completed by your financial institution.**

****Print name of Financial Representative:** _____ **Phone:** _____

****Signature of Financial Representative:** _____ **Date:** _____

**NET Direct Deposit to the following SAVINGS account:** ☐ New ☐ Change ☐ Stop

| Name of Financial Institution | Routing Number | Savings Account Number | Amount |
|---|---|---|---|
| | | | NET |

**FIXED Amount to the following SAVINGS account(s):** ☐ 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 |
|---|---|---|---|
| | | | |