

PAYROLL AUTHORIZATION FORM

First Name: _____ Last Name: _____
Employee # _____

Direct Deposit #1 (for Net Pay):

Name of Financial Institution: _____ Net Pay: _____
Financial Institution City: _____ State: _____
Financial Institution's Routing Number _____
Your Account Number: _____
Account Type: Checking: _____ Savings: _____

Direct Deposit #2 (for specified amount):

Name of Financial Institution: _____ Amount: _____
Financial Institution City: _____ State: _____
Financial Institution's Routing Number _____
Your Account Number: _____
Account Type: Checking: _____ Savings: _____

Direct Deposit #3 (for specified amount):

Name of Financial Institution: _____ Amount: _____
Financial Institution City: _____ State: _____
Financial Institution's Routing Number _____
Your Account Number: _____
Account Type: Checking: _____ Savings: _____

Employee Signature: _____ Date: _____

**VOIDED CHECK OR INFORMATION FROM BANK
WITH ACCOUNT AND ROUTING NUMBER IS REQUIRED.**

Please note: In order to insure your changes will be included on the next payroll; this form should be in the Business office by the Friday before payroll. Mortgage and other installment payments may NOT be paid through payroll deductions.

Please indicate if you would like your pay slip emailed to your school email. It cannot be emailed to a home email address.
Your school email address is: _____