DIRECT PAYROLL DEPOSIT AUTHORIZATION

Please complete and return to the Finance Office. I authorize you and the bank identified below to deposit my net pay automatically into my account each payday. If funds to which I am not entitled are deposited into my account, I authorize you to direct the bank to return said funds. This authority will remain in effect until cancelled by me in writing.

NAME OF FINANCIAL INSTITUTION DATE

BRANCH EMPLOYEE NAME (PRINT)

CITY STATE ZIP ACCOUNT NUMBER

TRANSIT NUMBER (ROUTING #) FULL$$ LIMITED$$

CHECKING ACCOUNT OR SAVINGS ACCOUNT (CIRCLE ONE)

SOCIAL SECURITY NUMBER SIGNATURE

Attach a void (or copy of) personal check to assure correct account verification.