

PAYROLL DIRECT DEPOSIT AUTHORIZATION FORM

NOTE: Check with your employer to make certain no other information or specific form is necessary to complete the change of your direct deposit to your new bank account. If this form is acceptable, attach a preprinted voided check from your new account to this form and provide it to your employer.

Company Name

Company Address

City

State

Zip Code

Please change the account used for Direct Deposit of my net pay to my new bank account:

Employee Last Name

First Name

Middle

Address

City

State

Zip Code

Phone Number (Day)

Employee ID #

Social Security #

My New Account Information:

Account Type: Checking Savings

Account Number: _____

Routing Number/ABA # 042100146

I hereby authorize my employer, _____ (company name) to deposit my paychecks directly to my Central Bank Account indicated above and to make any necessary adjustments for any credit made to my account in error. This authority shall remain in effect until I have given written notice to terminate this service.

Employee Signature

Date
