Direct Deposit Authorization ~ Net Payroll Check Provide the routing number and account number below Account # Percent Percent Routing # Routing # _____ Account # ____ Percent _____ Name: _____ (First) (Last) (Middle) Employee ID #: Department Name: Please Check One: New Request Stop Old Deposit Stop Old Deposit and Authorize New Deposit Name of Bank: Type of Account: Checking ☐ Savings ☐ My signature below certifies that the information on this form is correct and authorizes the direct deposit of my net check amount to the above-listed financial institution. This authorization will remain in effect until I make another change in writing. Signature/ Date 12/01/2021