



**Direct Deposit
Employee Authorization**

Company Name:	
Employee Name:	Employee Number:

SAVINGS ACCOUNT DIRECT DEPOSITS WILL NOT BE ENTERED AND YOU WILL NOT BE NOTIFIED UNLESS THERE IS A LETTER ON OFFICIAL BANK STATIONARY DETAILING THE ROUTING & ACCOUNT NUMBERS OF THE SAVING ACCOUNT. **DEPOSIT SLIPS ARE NOT ACCEPTED.**

Bank/Credit Union	Routing Number (9 Digits)	Type Circle One	Amount Percentage Circle One	Account Number
		Ckg Sav		
		Ckg Sav		
		Ckg Sav		

Please Check One:

<input type="checkbox"/>	New or Additional Direct Deposit
<input type="checkbox"/>	Change the Bank or Account Number on an Existing Direct Deposit
<input type="checkbox"/>	Change the Amount of an Existing Direct Deposit - Amount was: Amount Changed to:
<input type="checkbox"/>	Other, Please Explain:

PLEASE ATTACH A VOIDED FOR THE DIRECT DEPOSIT BANK ACCOUNT AS VERIFICATION FOR EACH REQUEST

It is my responsibility to verify deposits on a per day period basis before writing checks against these funds. This Authorization can take up to three pay periods to activate. I understand that neither my employer nor North Florida Payroll Services is responsible for bank errors or fees. I may cancel this Direct Deposit(s) at any time.

Signature: _____ Date: _____