

Employee Direct Deposit Authorization

Employee Name: _____

NOTE: A Money Market Account is designated by the bank as either checking or savings account.

1) Account Type: Checking Savings

Account Number: _____

Partial Deposit Amount \$ _____ -or-

Full Net Deposit

2) Account Type: Checking Savings

Account Number: _____

Net Deposit (*Less partial deposit*)

Please provide *one* of the following:

Voided check

Photocopy of voided check

Bank specification

Note: The Bank must be a member of the **National Automated Clearing House Association (NACHA)**.

I understand that the amount(s) specified above will be deposited to the designated account upon completion of the pre-note period, which take only one pay period.

Employee Signature

Date