

Authorization for Direct Deposit

Fill it out and hand it in to your employer's Human Resources office or to your Retirement System.

Employee Name	Employee ID Number
Company Name or Retirement System	Company ID No.

I authorize my employer or Retirement System to credit my net salary or pension to the bank account stated below.

Financial Institution Name	Routing No.
City	Branch
Account No.	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

This authorization will remain in effect until my Employer or Retirement System receives a written notification from me canceling the Direct Deposit Service. I understand that I shall send the notification to cancel the service, 30 days prior to the deposit's effective date.

Employee Signature _____ Date _____