

STATEWIDE PAYROLL AND HUMAN RESOURCE SYSTEM

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I hereby authorize the named agency to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit in error to my account.

Action A – Add M – Modify P – Purge

Agency Number _____

Last 4 digits of SSN _____

ABA Transit Routing Number _____

Account Number _____

Account Type Checking or Savings

Depository Name _____

This authority shall remain in full force and effect until the agency has received written notification from me of the termination in such time and in such manner as to afford the agency and depository a reasonable opportunity to act on it.

Employee Name Printed _____

Employee Signature _____

Date _____

Attach a copy/voided check for checking account or copy of savings-account card for savings account.