

LIU 18 Direct Deposit Authorization Agreement

Please Print Employee Name: _____

Social Sec. Number: _____

PURPOSE OF THIS FORM

NEW Direct Deposit Request **STOP** Current Direct Deposit **CHANGE** to EXISTING Direct Deposit

- If a Checking Account is listed, please attach a VOID check to validate account information.
- If a Savings Account is listed, please attach a pre-printed Savings Deposit Slip.
- Direct Deposit will take two pay periods to go into effect.

SAMPLE CHECK

Ima Sample 123 Main Street Anytown, PA 93949		8888 ▲ <i>Check Number</i> (not needed) ▼
Routing Number 9 digits between I: symbols Location at bottom may vary. ▼	Account Number Number of digits and Location at bottom may vary ▼	▼
I: 123456789 I:	123456789	08888

1st ACCOUNT

<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Fixed Amount \$ _____ <input type="checkbox"/> Percentage of Net Pay _____%	
ABA Transit/Routing Number (9 Digits)	Account Number
FINANCIAL INSTITUTION Name	
Address	
Phone #	

2nd ACCOUNT

<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Fixed Amount \$ _____ <input type="checkbox"/> Percentage of Net Pay _____%	
ABA Transit/Routing Number (9 Digits)	Account Number
FINANCIAL INSTITUTION Name	
Address	
Phone #	

I hereby authorize LIU 18 to initiate electronic credit entries to the above account(s). This authorization shall remain in full force and effect until LIU18 has received written notification from me to terminate it and in such manner as to afford LIU 18 and the financial institutions involved a reasonable opportunity to act upon the termination request.

Employee Signature

Date