

Please fill out & return to Robbie Thomas/EOC Office

Date _____

ATTACH A VOIDED CHECK TO THIS FORM

(Deposit Slips & Bank Cards are not accepted)

_____ I do not wish to participate in Employee Direct Deposit at this time.

_____ I authorize you and the financial institution listed below to initiate electronic credit entries, and if necessary debit entries and adjustments for any credit entries in error to my account each payday from the following:

___ Checking Account ___ Savings Account SSN _____ - _____ - _____

This authority will remain in effect until I have cancelled in writing.

FINANCIAL INSTITUTION

NAME (PLEASE PRINT)

CITY

ACCOUNT NUMBER

DATE

SIGNATURE

*NOTE: DIRECT DEPOSIT TAKES 2 PAY PERIODS TO TAKE EFFECT.

FOR PAYROLL USE ONLY:

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Prenote: _____ Effective date: _____