

# Direct Deposit Information Update Form

Please complete this form to initiate, change, or terminate your direct deposit details. Once completed, please print, sign, and submit this form to the HR or Payroll department.

## Employee Information

Full Name:   
Employee ID:   
Phone Number:   
Email Address:

## Primary Account Information

Action (New, Change, or Cancel):   
Bank Name:   
Routing Number (9 Digits):   
Account Number:   
Account Type (Checking or Savings):   
Deposit Amount (Entire Net Pay or Specific Dollar/Percentage Amount):

## Secondary Account Information (Optional)

Action (New, Change, or Cancel):   
Bank Name:   
Routing Number (9 Digits):   
Account Number:   
Account Type (Checking or Savings):   
Deposit Amount (Specific Dollar or Percentage Amount):

## Authorization and Signature

I hereby authorize my employer to deposit my net pay and/or a portion thereof into the financial institution(s) indicated above. This authorization will remain in effect until I submit a written update to cancel or modify this information.

Authorized Signature (Sign after printing):   
Date (MM/DD/YYYY):