PAYROLL BANK DETAILS AUTHORIZATION

Rev. 2/05

Employee Name:	Employee Number:	
Last 4 digits of SSN	Company Code	

I hereby authorize my employer to deposit my payroll earnings/expense reimbursements directly in my account in the financial institution(s) indicated below. I also authorize my employer to make subtractions from or additions to any deposits as are necessary to correct previous deposits subsequently found to be in error. In addition, I authorize the below named financial institution to receive such deposits for credits to my account specified. This authorization shall remain in effect until one or both of the following occur: (1) Termination of my employment (2) My giving to my employer timely written notice of withdrawal from the program. I understand that my employer or the below named financial institution may, at their discretion, discontinue the direct deposit of my payroll funds at any time.

Your direct deposit will not be in effect until approx. 10 business days after received by Corporate Payroll due to pre-notification testing with your financial institution. Payments issued within the 10 day waiting period will be in the form of a check. If your pre-notification is incorrect, please contact the Corporate Payroll Office immediately at 480-606-3526.

It is the responsibility of employees to verify with their financial institution the accuracy of their account number and bank routing number, and to notify Payroll of any changes, including closures, by the last day of the pay period end date. It is the employees' responsibility to verify with their financial institution that their funds have been received and posted to his/her account each pay period.

Authorizing Signature	**Date**

MAIN ACCOUNT

Name & Address of Financial Institution (Bank, Savings & Loan, Credit Union)

ABA Routing Number ACCOUNT NUMBER

Type of Account	**Action: Check One**
☐ Checking - 01 ☐ Savings - 02	☐ Add ☐ Change ☐ Cancel

ATTACH COPY OF VOIDED OR CANCELLED CHECK FOR MAIN ACCOUNT

FLAT AMOUNT FOR SECOND ACCOUNT IS $_____

Name & Address of Financial Institution (Bank, Savings & Loan, Credit Union)

ABA Routing Number ACCOUNT NUMBER

Type of Account	**Action: Check One**
☐ Checking - 01 ☐ Savings - 02	☐ Add ☐ Change ☐ Cancel

ATTACH COPY OF VOIDED OR CANCELLED CHECK

FLAT AMOUNT FOR THIRD ACCOUNT IS $_____

Name & Address of Financial Institution (Bank, Savings & Loan, Credit Union)

ABA Routing Number ACCOUNT NUMBER

Type of Account	**Action: Check One**
☐ Checking - 01 ☐ Savings - 02	☐ Add ☐ Change ☐ Cancel

ATTACH COPY OF VOIDED OR CANCELLED CHECK

FAX FORM AND ALL CHECK COPIES TO CORPORATE PAYROLL @ 480-606-3302