

EMPLOYEE BANK ACCOUNT UPDATE FORM

Payroll Department

Please complete all sections of this form to update your direct deposit banking information. Submit the completed and signed form along with a voided check or official bank letter for account verification.

1. EMPLOYEE INFORMATION

FULL NAME

EMPLOYEE ID

DEPARTMENT

EMAIL ADDRESS

2. PRIMARY BANK ACCOUNT DETAILS (NEW DETAILS)

BANK NAME

ACCOUNT TYPE

CHECKING SAVINGS

ROUTING NUMBER (9 DIGITS)

ACCOUNT NUMBER

DEPOSIT ALLOCATION

FULL NET PAY (100%) PARTIAL AMOUNT (\$ OR %):

3. SECONDARY BANK ACCOUNT DETAILS (OPTIONAL)

BANK NAME

ACCOUNT TYPE

CHECKING SAVINGS

ROUTING NUMBER (9 DIGITS)

ACCOUNT NUMBER

REMAINING BALANCE / SPECIFIC AMOUNT

4. AUTHORIZATION

I hereby authorize my employer to deposit my net pay directly into the bank account(s) specified above and, if necessary, to initiate debit adjustments for any credit entries made in error. This authorization will remain in full force and effect until the company has received written notification from me of its termination in such time and in such manner as to afford the company and the depository bank a reasonable opportunity to act on it.

EMPLOYEE SIGNATURE

DATE

FOR HR / PAYROLL DEPARTMENT USE ONLY

PROCESSED BY (NAME)

DATE PROCESSED

VERIFIED BY (NAME)

EFFECTIVE PAY DATE