

DIRECT DEPOSIT AUTHORIZATION FORM

Please Print Clearly

Name _____
(Last) (First) (Middle Initial)

Social Security Number _____ / _____ / _____

Bank or Credit Union
Name _____

Bank
Address _____

Routing Account
Number _____ Number _____

_____ Checking Account _____ Savings Account

To set up direct deposit you must:

- Deposit full check into either checking or savings account
- Have the account currently set up at your bank
- Verify bank's routing number
- Determine if your bank has special requirement
- In the event your account is credited in error, the Consortium is authorized to debit your account for the same amount.
- You will continue to get a paycheck until Direct Deposit takes effect (2 pay periods)

This authorization is to remain in full force until the Consortium has received written notification from me of its termination.

Signature

Date