



Direct Deposit Authorization Form

- ✓ Please complete this form and return it to our payroll department.
- ✓ **Be sure to include a voided (cancelled) check** from your checking account and/or a deposit slip for your savings account, whichever is applicable. The details from the check / deposit slip will be used to verify the account details.
- ✓ You also have the option to deposit a part of your net pay into a secondary account, such as savings or credit union account. Please specify the dollar amount from your net pay that should be deposited in your secondary account.

Name:	Your Bank / Financial Institution:
Social Security Number:	City/State

<p>Bank Routing Number:</p> <p>_____</p> <p>Primary Account Number</p> <p>_____</p> <p style="text-align: center;">Please check the applicable option:</p> <p style="text-align: center;">Checking <input type="checkbox"/> Savings <input type="checkbox"/></p>	<p>Secondary Account Number:</p> <p>_____</p> <p>Dollar Amount \$</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Please check the applicable option:</p> <p style="text-align: center;">Checking <input type="checkbox"/> Savings <input type="checkbox"/></p>
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I _____ (**print name**) authorize LAW COUNSEL and the above Financial Institution to deposit my net pay and/or flat amount automatically into my account(s) each payday, and to initiate any necessary adjustments for entries made in error to my account.

(Signature) (Date)