



**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.

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

<p><b>Bank Routing Number:</b></p> <p>_____</p> <p><b>Primary Account Number</b></p> <p>_____</p> <p style="text-align: center;"><b>Please check the applicable option:</b></p> <p style="text-align: center;">Checking <input type="checkbox"/> Savings <input type="checkbox"/></p>	<p><b>Secondary Account Number:</b></p> <p>_____</p> <p><b>Dollar Amount \$</b></p> <p style="text-align: center;">_____</p> <p style="text-align: center;"><b>Please check the applicable option:</b></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)