



Direct Deposit Authorization Form

Employee Name: _____

Employee Phone number: _____

Name of Financial Institution: _____

Account Number: _____% to be deposited in this account

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Routing Transit Number: All 9 boxes must be filled

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Checking _____

Savings _____

Optional additional accounts

Secondary account number: _____% to be deposited in this account

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Routing Transit Number: All 9 boxes must be filled

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Checking _____

Savings _____

Other account number: _____% to be deposited in this account

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Routing Transit Number: All 9 boxes must be filled

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Checking _____

Savings _____

Expense reimbursement

Check Yes or No if you want the primary account to be used for expense reimbursement through accounts payable. _____ Yes _____ No* If no, please contact the HR Department for another form.

I hereby authorize Cooperative Educational Services to directly deposit my pay in the bank account(s) listed above in the percentages specified. (If two accounts are designated, deposits are to be made in whole percentages of pay to total 100%.) **I have attached a voided personalized check (checking accounts) or deposit slip (savings accounts) for each account specified above.** No more than three accounts may be designated. This authorization is to remain in force until the Company has received written authorization from me of its termination or change. To make any changes, a new form must be submitted. No changes will be made via email or verbally. Also, I hereby grant Cooperative Educational Services the right to correct any such electronic funds transfer resulting from an erroneous overpayment by debiting my account to the extent of such overpayment.

Signature: _____ Date: _____