

Please complete and return to Macpeople

Direct Deposit Authorization Form

Employee Instructions. Complete the Employee and Account Information sections of this form. Your direct deposit will begin with the payroll following the one in which this information is submitted. You may divide your check between up to 4 accounts, if you wish. Use a separate form for each account.

Employee Information

Employee Name _____

Social Security Number _____

Joint Account Holder's Name (if applicable) _____

Enrollment Action (select one)

New request Change Cancel

Date _____

Account Information

Please complete the following information.

Institution Name/Branch Location _____

Bank Routing/Transit Number

(The nine digits between these symbols: | : |)

% _____ or \$ _____ to be deposited to my Checking / Savings (circle one)

Account Number

(Account Number: the digits following the Routing/Transit Number and ending with II')

Direct Deposit Authorization. I understand the rules regulating my direct deposit request. I authorize direct deposit of the specified payroll earnings into the account identified above. This authorization will remain in effect until I have provided notice of a change in writing, and have afforded my employer a reasonable opportunity to act upon it.

Employee Signature _____ Date _____