

Direct Deposit Authorization Form

NC Alliance of Public Health Agencies is pleased to offer direct deposit of employee pay checks to a bank and account of your choice. To arrange for direct deposit:

_____ Complete the employee portion of this form

_____ CHECKING ACCOUNT: Attach a voided personal check

_____ SAVINGS ACCOUNT: have your bank complete account and routing numbers

_____ Return the complete form to the Payroll Department.

ATTENTION: Your first check will be mailed so make sure that you have given us your correct mailing address when you applied!!!!
Your direct deposit should begin within two pay periods after we receive your completed form.

****NOTIFY PAYROLL IMMEDIATELY IF YOU CLOSE OR CHANGE BANK ACCOUNTS****

TO BE COMPLETED BY EMPLOYEE:

_____ New Enrollment

_____ Cancel Enrollment

I hereby authorize NC Alliance of Public Health Agencies to initiate credit and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below and the depository name below, hereinafter called depository, to credit and/or debit the same as such:

NAME: _____

ACCOUNT TYPE: _____ **Checking** (attach voided check)

_____ **Savings** (HAVE BANK COMPLETE –
DO NOT USE DEPOSIT SLIP INFO)

BANK NAME: _____

ACCOUNT #: _____

ROUTING #: _____

Employee Signature: _____

Date: _____