



PAYROLL
Authorization for Direct Deposit

Was this account opened in a state other than Arizona? [] Yes [] No

If yes, which state ? _____

Please attach a voided check for each of your accounts to this form for verification purposes.

[] New Account [] Change

Employee Name: _____ Emp. No. _____

PRIMARY ACCOUNT:

Name of Bank: _____

[] Checking [] Savings

Account #: _____

SECONDARY ACCOUNT:

Name of Bank : _____

[] Checking [] Savings

Account #: _____

Amount to be deposited to this account: _____

Employee Signature: _____

Date: _____

Barcode line 1

Barcode line 2

Payroll Dept Only
Date Entered: _____

