



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: \_\_\_\_\_

