

CAMP-of-the-WOODS

PAYROLL DIRECT DEPOSIT AUTHORIZATION

Name (Please print or type)	Email Address (Required)
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Employee cannot receive partial pay in the form of a check

Please indicate the type of transaction you are requesting:

☐ New Direct Deposit ☐ Change account(s)/amount(s) ☐ Terminate authorization

Allow two pay periods for changes to go into effect.

You may have a total of eight Direct Deposits.

(use additional form for more accounts)

1. Deposit	<div>Enter \$ or "my net pay"</div>	each pay period into my	<div>Select account type Checking/Savings</div>	account with	<div>Financial institution</div>
2. Deposit	<div>Enter \$ or "my net pay"</div>	each pay period into my	<div>Select account type Checking/Savings</div>	account with	<div>Financial institution</div>
3. Deposit	<div>Enter \$ or "my net pay"</div>	each pay period into my	<div>Select account type Checking/Savings</div>	account with	<div>Financial institution</div>
4. Deposit	<div>Enter \$ or "my net pay"</div>	each pay period into my	<div>Select account type Checking/Savings</div>	account with	<div>Financial institution</div>

If depositing into a checking account, please attach a voided check.
(it must include your pre-printed name and address)

If depositing to a Credit Union or into a savings account, please attach one of the following:

Completed direct deposit form 1199-a (available from the accountant)

Or

Correspondence from your financial institution listing your account and their routing

Note: The information requested is necessary to identify your account and your financial institution's routing number.

I hereby authorize CAMP-of-the-WOODS to initiate credit entries (deposits) and, if necessary, debit entries and adjustments for any credit entries made in error, to my account(s) listed above. To ensure proper distribution of my pay, I agree to immediately notify the Accounting department of any changes to this information. This direct deposit request will remain in effect until I notify, in writing, the Accounting department to terminate it, or until my employment is terminated.

Signature

Date

Return this form to the CAMP-of-the-WOODS Accounting Department.