



**DIRECT DEPOSIT ENROLLMENT
 EMPLOYEE AUTHORIZATION**

This authorization is for: **Initial Enrollment** **Change**

For each pay period, I authorize GPPSS to deposit my entire net pay, by electronic transfer, into the designated financial institution and account indicated below. I have attached a voided personal check (checking account) or deposit slip (savings account) for each account specified. I understand there is a two account maximum designation. Additionally, this authorization will permit GPPSS to process adjustments in the event of an over or under deposit to my account.

This authority will remain in effect until I have submitted a new, completed Direct Deposit Enrollment form. I understand that I can only change my direct deposit authorization once per **calendar year**. I also understand that the enrollment/changes authorized will become effective with the first pay period possible based on the processing time of the Payroll Department and the initializing time required by the bank (up to two pay periods). For those employees making changes, this may include receiving an actual check during the verification process. **I understand that this form supersedes any direct deposit authorization form I currently have on file.**

 Employee Name (PRINT)

 Employee ID / SSN

 Employee Signature

 Date

Account #1 (Check only one) Checking (attach void check) Savings (attach deposit slip)

Amount of pay to be deposited into this account: \$_____ or NET PAY (account #1 must be flat amount or entire net pay)

 Financial Institution Name and Address

TRANSIT ROUTING NUMBER								ACCOUNT NUMBER																																								

Account #2 (Check only one) Checking (attach void check) Savings (attach deposit slip)

Amount of pay to be deposited into this account: NET PAY (account #2 must be entire net pay)

 Financial Institution Name and Address

TRANSIT ROUTING NUMBER								ACCOUNT NUMBER																																												

Please verify the transit routing number and account number with your financial institution and **return** this completed form with attachments to the Payroll Department – 389 St. Clair