

## Authorization for Direct Deposit

I authorize to deposit my pay automatically to the account(s) indicated below and, if necessary, to adjust or reverse a deposit for any payroll entry made to my account in error. This authorization will remain in effect until I cancel it in writing and in such time as to afford Novi Woods Montessori Center, Inc. a reasonable opportunity to act on it.

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Email \_\_\_\_\_

Phone (mobile/home) \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**Name on bank account** \_\_\_\_\_

Bank Routing Number \_\_\_\_\_

Bank accounting Number \_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_

Amount: \$ \_\_\_\_\_ or entire paycheck: \_\_\_\_\_

**\*If all of the paycheck is not going into the above account, the balance of pay should go to:**

\_\_\_\_\_ Manual (paper check)

\_\_\_\_\_ Account described below

\*Note: split payments are not available for contractors.

**Name on 2<sup>nd</sup> bank account (if necessary)** \_\_\_\_\_

Bank accounting Number \_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_

Bank Routing Number \_\_\_\_\_

**Important: Please attach a voided check for each bank account to which funds should be deposited.**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(Novi Woods Montessori: Do not send this form with your Direct Deposit Enrollment. Keep this for your records.)**