

**BOARD OF HEALTH  
DIRECT DEPOSIT AUTHORIZATION**

**Name:** \_\_\_\_\_

**Bank Name:** \_\_\_\_\_

**Account No. Checking:** \_\_\_\_\_  
*(1<sup>st</sup> checking acct.)*

*Note: If you choose to deposit money in a 2<sup>nd</sup> checking account or savings account the balance of your check will automatically go in your 1<sup>st</sup> checking account.*

**Bank Name:** \_\_\_\_\_  
*(2<sup>nd</sup> checking acct.)*

**Account No. Checking:** \_\_\_\_\_ **Amount per pay period:** \_\_\_\_\_  
*(Complete only if you want to deposit a certain amount of your check in a 2<sup>nd</sup> checking acct.)*

**Bank Name:** \_\_\_\_\_  
*(savings acct.)*

**Account No. Savings:** \_\_\_\_\_ **Amount per pay period:** \_\_\_\_\_  
**Routing No. Savings:** \_\_\_\_\_  
*(Complete only if you want to deposit a certain amount of your check in a savings acct.)*

The undersigned hereby requests and authorizes the entire amount of my paycheck each pay period to be deposited directly into the bank account(s) named above. I further acknowledge that it is my responsibility to notify payroll/personnel in writing or email if I change my bank or bank account or if I want to stop direct deposit. I also understand that my name has to be printed on the deposit slip or voided check and I understand that if I choose I can deposit my check in two (2) accounts only (*i.e., two checking accounts, checking and savings account, two savings accounts*).

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

**PLEASE ATTACH BELOW A DEPOSIT SLIP OR CHECK WITH VOID WRITTEN ACROSS THE CHECK**