

## EMPLOYEE DIRECT DEPOSIT CHANGE FORM

## **Instructions:**

- (1) Employee to provide the information requested below and submit the completed form to their designated Human Resources Representative.
- (2) Human Resources Representative should seek in person confirmation (or, if not possible, confirmation via video audio conference), and note accordingly.
- (3) Payroll Administrator should verbally notify (by calling the phone number on record) employee of change to banking information, confirming the effective date.

The above redundancies are in place to prevent another party from fraudulently changing payroll to an unauthorized account.

| Company Name:  |                         |                          |
|--|-------------------------|--------------------------|
| Employee First Name:   | Last Name:              |                          |
| Banking Ir   | nformation              |                          |
| Bank Name 1:   |                         |                          |
| Routing #:   | Acct #:                 |                          |
| Acct. Type: □Checking □Savings   | Percentage:             |                          |
| Bank Name 2:   |                         |                          |
| Routing #:   | Acct #:                 |                          |
| Acct. Type: □Checking □Savings   | Percentage:             |                          |
| This authorization, intended to be effective as a remain in full force and effect until Company and its termination, in such time and in such manner opportunity to act on it. | d Bank have received wr | ritten notice from me of |
| Employee Signature   | Date                    |                          |
| Human Resources Representative Confirmation  | Date                    | Initials                 |
| Payroll Administrator Confirmation   | Date                    | <br>Initials             |