



DIRECT DEPOSIT AUTHORIZATION

INFORMATION ABOUT THIS PLAN

You may elect to deposit **ALL** of you Net Pay (earnings after withholding) into your checking and/or savings account(s) instead of receiving a check. **Note:** You **MAY NOT** deposit part of your Net Pay and receive the remainder as a check. **Deposits sent to the same bank the payroll checks are drawn from will be guaranteed for on payday.**

There is a two to three week pre-note processing period. Once Direct Deposit has been set up, you will receive a statement indicating gross earnings and all deductions each pay period. If this is a change to your current Direct Deposit, it will stop and a check will be issued during the two to three week pre-notification period.

If you plan to close your account, Payroll must be informed immediately. Deposits sent to closed accounts can only be reissued to employees upon return of funds to the Hospital Center by your bank. Employees who are terminating will have Direct Deposit stopped **prior** to issuance of final checks. IF a Deposit is made to your account in error, the Hospital Center reserves the right to reverse the deposit.

There are three Direct Deposit options to choose from.

OPTION 1: Deposit Total Net Pay into one account.

OPTION 2: Deposit a portion of your Net Pay into a second account with the balance of Net Pay into the first account.

OPTION 3: Deposit a portion of your Net Pay into a third account with a portion of Net Pay into a second account and the balance of Net Pay into the first account

INSTRUCTIONS TO EMPLOYEE

Check the option you have chosen. Complete the **Personal** and **Account Information Sections** and provide voided check(s) or savings account statement for the **one** option chosen:

- OPTION 1: One** account, Complete **A**
- OPTION 2: Two** accounts, Complete **A & B**
- OPTION 3: Three** accounts, Complete **A, B & C**
- TERMINATE DIRECT DEPOSIT SERVICE:** Complete **only D** if you only completed **A**. If you have more than one account review allocations between existing accounts.
- CHANGE ALLOCATION**

	_____ 20 _____	_____ 1475 _____
PAY TO	<i>Sample Check</i>	\$
THE ORDER OF _____	_____ DOLLARS	
MEMO _____		
:028001321: ■8820306487■ 1475		

PERSONAL INFORMATION SECTION

PAYROLL <input type="checkbox"/> BI PETRIE SITE <input type="checkbox"/> BI NORTH (Check one) <input type="checkbox"/> BI EXEC	<input type="checkbox"/> DOCS <input type="checkbox"/> KHD <input type="checkbox"/> LICH	<input type="checkbox"/> LICH EXEC <input type="checkbox"/> MTHP <input type="checkbox"/> RVLT	<input type="checkbox"/> SL <input type="checkbox"/> SLR EXEC <input type="checkbox"/> OTHER: _____
EMPLOYEE NAME _____		EMPLOYEE # _____	
DAYTIME PHONE NUMBER () - _____			

Routing Number Account Number Check Number

ACCOUNT INFORMATION SECTION

A: Account #1

ACCOUNT NAME	ACCOUNT TYPE <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	ACCOUNT NUMBER	TRANSIT CODE / ABA#
BANK NAME	BANK BRANCH	PERCENT / AMOUNT DEPOSITED TO ACCOUNT AMOUNT: <i>NET PAY</i>	

B: Account #2

ACCOUNT NAME	ACCOUNT TYPE <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	ACCOUNT NUMBER	TRANSIT CODE / ABA#
BANK NAME	BANK BRANCH	PERCENT / AMOUNT DEPOSITED TO ACCOUNT _____ % OR \$ _____	

C: Account #3

ACCOUNT NAME	ACCOUNT TYPE <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	ACCOUNT NUMBER	TRANSIT CODE / ABA#
BANK NAME	BANK BRANCH	PERCENT / AMOUNT DEPOSITED TO ACCOUNT _____ % OR \$ _____	

D: Stop Direct Deposit

<input type="checkbox"/> ACCOUNT #1	<input type="checkbox"/> ACCOUNT #2	<input type="checkbox"/> ACCOUNT #3
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Employee Signature

Date

FOR PAYROLL USE ONLY

Authorized Payroll Signature

Date