

STAGEHANDS

DIRECT DEPOSIT AUTHORIZATION FORM

NAME _____ **S S N** _____

JOB TITLE _____ **Employee ID#** _____

I do hereby authorize:

_____ Deposit of my pay automatically each payday to the following account(s):

_____ Cancellation of my Direct Deposit option to the following account(s):

_____ Correction/Adjustment of my Direct Deposit option to the following account(s):

Bank or Credit Union Name Account Number Routing or ABA Number

Address Type of Account

City, State Zip AMOUNT TO BE DEPOSITED

Bank or Credit Union Name Account Number Routing or ABA Number

Address Type of Account

City, State Zip AMOUNT TO BE DEPOSITED

Bank or Credit Union Name Account Number Routing or ABA Number

Address Type of Account

City, State Zip AMOUNT TO BE DEPOSITED

I understand this Authorization will be effective immediately, however, Direct Deposit will NOT occur until a test (prenotification) activity is completed. I will receive a paycheck until then. This Authorization will remain in effect until I have canceled it in writing.

I understand this cancellation will be in effect immediately, however, Direct Deposit may continue through the current pay period. A check may not be received until the following payday.

Employee Signature Date

PLEASE ATTACH A COPY OF YOUR VOIDED CHECK

PLEASE NOTE THAT YOUR REQUEST FOR DIRECT DEPOSIT WILL NOT BE PROCESSED WITHOUT A VOIDED CHECK!