

# **\*Secondary\* Direct Deposit Authorization Form**

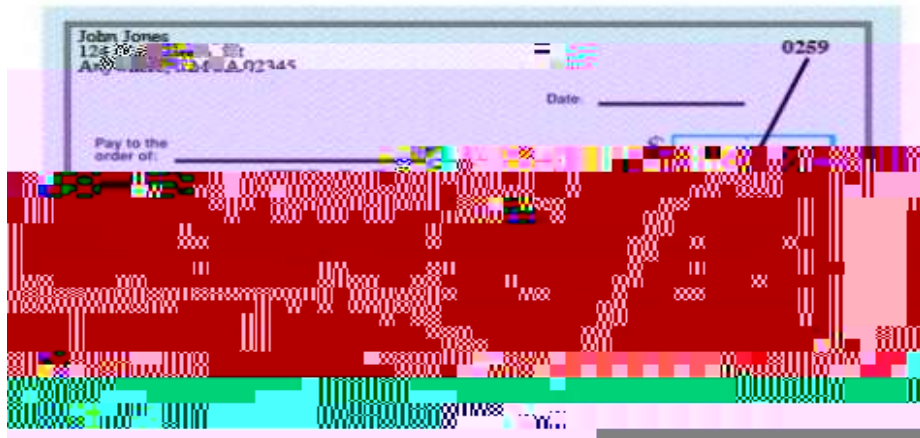
Please fill in all fields with **BLUE** ink

Name \_\_\_\_\_ ID# \_\_\_\_\_

Address \_\_\_\_\_  
*City* *State* *Zip*

Phone \_\_\_\_\_

**\* You Must Attach A Voided Check or Printout From Your Bank\***



Secondary Deposit Account	Check One	Checking	Savings
Name of Bank _____			
Routing Number _____		Account Number _____	
Deposit Fixed Amount _____ <div style="text-align: center;"><i>(Per Pay Period)</i></div>			
<b><i>Reminder: Amount will go to the Primary Account on File</i></b>			

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

**Original form must be submitted. Emails or scanned copies will NOT be accepted**