

DIRECT DEPOSIT OF PAYCHECK FORM

Name:	SSN:	<input type="checkbox"/> Salaried <input type="checkbox"/> Hourly	HR to Complete		
			Emp ID#:	Pay Grp:	Loc Code:

WARNING – PLEASE READ ➔ On multiple direct deposits, all accounts / deposits must be listed each time you complete this form. Your direct deposit record will be changed to reflect only what is listed on this form.

PLEASE COMPLETE ALL INFORMATION

Please Select One: <input type="checkbox"/> NEW Enrollment <input type="checkbox"/> CANCEL Enrollment <input type="checkbox"/> CHANGE - Account Number, ABA Routing Number, Financial Institution, and/or Deduction Amount							
Priority 1-6	Account Type	Verify w/Financial Institution		Financial Institution Name/Street/City/State/Zip Code	Financial Institution Phone Number	\$/Pay Period	%/Pay Period
		ABA Routing (9 Digit)	Account Number (≤17)				
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings						
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings						
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings						
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings						
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings						
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings						

Elect all or part of paycheck among six (6) accounts at different financial institutions. For multiple accounts, each account must be prioritized (1-6; 1 being highest). \$ amount or a % of pay may be designated. Prioritize \$ amounts higher than % accounts. Deposits may be to any bank, savings and loan, or credit union that can receive electronic fund transfers. Note: Money market accounts are considered checking accounts. IRA accounts are savings accounts.

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I authorize Instrument and Valve Services to deposit my paycheck into the accounts noted above. This authorization will remain in effect until I revoke it in writing in such a manner as to afford Instrument and Valve Services a reasonable opportunity to act upon it, or upon termination of my employment. If an incorrect amount is credited to my account, I authorize Instrument and Valve Services to make the appropriate adjustment.

Employee's Signature: _____	Date of Signature: _____	Paycheck Date to Reflect Change: _____	<u>For Sal</u> - Bi-Weekly (Friday) <u>For Hrly</u> - Weekly (Friday)
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Please complete and return to your Human Resources/Benefits Administrator.