DIRECT DEPOSIT AUTHORIZATION FORM

	RIZE ABC COMPANY TO SEND MY DIRECT DEPOSIT EMAIL NOTIFICATION TO IL ADDRESS LISTED BELOW.
ΙΑϹΚΝΟ	NLEDGE IT IS MY RESPONSIBILITY TO INFORM THE TREASURER'S OFFICE OF NGES TO MY EMAIL ADDRESS.
NAME:	PLEASE PRINT CLEARLY
EMAIL ADDRESS:	PLEASE PRINT CLEARLY
SIGNATURE:	DATE:
ALL CONTRACTED AND SUBST	TTUTE EMPLOYEES MUST HAVE A DIRECT DEPOSIT AUTHORIZATION ON FILE
PRIMARY ACCOUNT	
EMPLOYEE NAME:	
BANK NAME:	
ROUTING/TRANSIT NUMBER:	
ACCOUNT NUMBER:	
TYPE OF ACCOUNT: AMOUNT TO BE DEPOSITED:	CHECKING SAVINGS
	ENTIRE PAYCHECK LESS THE DOLLAR AMOUNT INDICATED BELOW
SECONDARY ACCOUNT	
EMPLOYEE NAME:	
BANK NAME:	
ROUTING/TRANSIT NUMBER:	
ACCOUNT NUMBER:	
TYPE OF ACCOUNT:	CHECKING SAVINGS
AMOUNT TO BE DEPOSITED:	
<u>PLEAS</u>	E ATTACH A VOIDED PERSONAL CHECK TO THIS FORM WHEN SETTING UP A DIRECT DEPOSIT INTO A CHECKING ACCOUNT

PLEASE RETURN THE COMPLETED FORM TO:

ABC COMPANY ATTENTION: PAYROLL 55 NORTH HIGH STREET COLUMBUS OH 43207