Direct Deposit Authorization

Name:			Personnel Number:		
	Last Name	First Name	Middle Initial		
Agency	Name:				
	-	that my banking information a and replaces all previous autho	nd approval contained in this Direct Deposit Authorization is now m prizations.	у	
indicate		-	e State") to initiate credit entries to my checking or savings account te (hereafter "the depository") to credit the same to such account(s		
	tand that all payments e to these accounts in th		me by the State, including payroll and expense reimbursements, ma	Y	
	vent of overpayment to payment.	my account, I authorize the St	ate to make an adjusting debit entry to my account up to the amou	nt	
		II force and effect until the Stat ord the State reasonable oppor	te has received written notification from me of its termination in su rtunity to act on it.	ch	
requirer		-	must comply with the provisions of U.S. law, as well as the hat the entire payment amount is not subject to being transferred t	o a	
Main Ba	ank:				
Bank Ke	y/Routing Number:				
Bank Ac	count Number:		Bank Control Key/Account Type: 🗌 Checking 🗌 Saving	S	
5555 St City, S Pay to th Order of Financial 1000 Stree City, ST 12 For	t NAME reet Name T 12345 DA re Institution t Name 345	E 1001 E Dollars (1) 1001 III- Check Number			
Other B	ank:				
Bank Ke	y/Routing Number:			_	
Bank Ac	count Number:		Bank Control Key/Account Type: Checking Saving	S	
Standar	d Value/Amount: (chec	k one): 🗌 \$	or Standard Percentage%		