

## Direct Deposit Enrollment Authorization

Secti	on A (To be com	ipleted by employ	yee)					
Type of Enrollmen Action:	t		Social Security Number		Depai	Department		
NEW NEW	Sections A, B and C must be completed		Name (First)	lame (First) (Middle)		(Last)		
CHANGE	Sections A, B and C must be completed		Phone Number					
	Sections A, B and C must be completed							
Secti	on B (To be com	ipleted by employ	yee if NEW or CHA	NGE box in Section A is	checked)		_	
	Dollar or % Amount	Type of Account (Checking or Savings)	Routing Number	Depos	Depositor Account Number		Financial Institution Name and <i>I</i>	Address
1.								
2.								
3								
		processed as che apleted by employ	-	ANGE box in Section A i	is checked			
designates account hereby authorize SE a) Withhold b) Recover s If SETA is legally obl program, I understa	form, I authorize (s). If at any time TA to either: a sum equal to t uch overpaymen igated to withho and SETA, may te ncial institution,	e the amount of s the overpayment nt from the above old any part of my erminate my enro , I understand tha	from future salary e-designated accou y wage or salary pa ollment in the prog tt SETA assumes no	or wages; or unt. ayment for any reason, tram. If any action take or responsibility for process.	amount of sal or if I no long n by me resul	ary or wages er meet eligib ts in direct no	n(s) named above for dep actually due and payable bility requirements for the on-acceptance of a direct ry or wage payment until	to me. I e Deposit deposit by
	$\rightarrow$	Signatu	ure		Date			
Secti	on D (To be com	npleted by emplo	yee if CANCEL box	in Section A is checked)	)			
I hereby	cancel my Director	ct Deposit	Signature			Date		

Attach voided check(s) here or Direct Deposit Verification from Financial Institution and must submit original completed Direct Deposit form to Payroll in order to be valid. (Deposit slips and/or bank statements are **not** acceptable)