

Direct Deposit Authorization

Employee Name:

Employee ID #:

- New Direct Deposit:** Please attach documentation (e.g. - a voided check or deposit slip or a copy of top part of bank statement) for confirmation of banking information.
- To Change an Existing Direct Deposit:** Fill out the box(es) below with the requested change(s). Additional bank documentation is not necessary.

1	<input type="checkbox"/> Savings Account		<input type="checkbox"/> Checking Account
	Bank Name	<input style="width: 95%; height: 20px;" type="text"/>	
	Bank Routing #	<input style="width: 95%; height: 20px;" type="text"/>	
	Account #	<input style="width: 95%; height: 20px;" type="text"/>	
	<input type="checkbox"/> Dollar Amount		<input type="checkbox"/> Net Pay
	\$ <input style="width: 60px; height: 20px;" type="text"/>		

2	<input type="checkbox"/> Savings Account		<input type="checkbox"/> Checking Account
	Bank Name	<input style="width: 95%; height: 20px;" type="text"/>	
	Bank Routing #	<input style="width: 95%; height: 20px;" type="text"/>	
	Account #	<input style="width: 95%; height: 20px;" type="text"/>	
	<input type="checkbox"/> Dollar Amount		<input type="checkbox"/> Net Pay
	\$ <input style="width: 60px; height: 20px;" type="text"/>		

I authorize Crouse Hospital to deposit any amounts owed me by initiating credit entries to my bank account at the financial institution indicated above. Further, I authorize my financial institution to accept and to credit any credit entries indicated by Crouse Hospital to my account. In the event that Crouse Hospital deposits funds erroneously into my account, I authorize Crouse Hospital to debit my account for an amount not to exceed the original amount of the erroneous credit. This authorization is to remain in full force and effect until Crouse Hospital receives written notice from me of its termination.

****NEW DIRECT DEPOSIT REQUESTS MAY REQUIRE 1 FULL PAY CYCLE TO PROCESS****

Signature _____ Date _____

For new direct deposit requestors, please be advised that you will be able to view your paycheck by logging into Lawson Employee Self Service. A paper copy will not be automatically sent to you. If you prefer to receive a printed copy, please sign and date below.

Signature: _____ Date: _____