

**DIRECT DEPOSIT AUTHORIZATION**

**Employee Name:** \_\_\_\_\_

**Employee ID #:** \_\_\_\_\_

- New Direct Deposit:** Please attach documentation (e.g. – a voided bank 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.

<b>1</b> <input type="checkbox"/> <b>Savings Account</b> Bank Name _____ Bank Routing # _____ Account # _____ <input type="checkbox"/> <b>Dollar Amount \$</b> _____	<input type="checkbox"/> <b>Checking Account</b>    <input type="checkbox"/> <b>Net Pay</b>
<b>2</b> <input type="checkbox"/> <b>Savings Account</b> Bank Name _____ Bank Routing # _____ Account # _____ <input type="checkbox"/> <b>Dollar Amount \$</b> _____	<input type="checkbox"/> <b>Checking Account</b>    <input type="checkbox"/> <b>Net Pay</b>
<b>3</b> <input type="checkbox"/> <b>Savings Account</b> Bank Name _____ Bank Routing # _____ Account # _____ <input type="checkbox"/> <b>Dollar Amount \$</b> _____	<input type="checkbox"/> <b>Checking Account</b>    <input type="checkbox"/> <b>Net Pay</b>

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\*\*

Date \_\_\_\_\_ Time \_\_\_\_\_ Signature \_\_\_\_\_

**For new direct deposit requestors,** please be advised that you will be able to view your payroll information and check detail by logging into Lawson Employee Self Service. A paper copy will not be automatically sent to you.

**Form must be returned to the Payroll Department for processing.**