

Payroll & Expense Reimbursement Direct Deposit Authorization Form



Staple Here

New Authorization

Change in Authorization

Type of Deposit *(choose one)*

Net Check

Flat Amount \$ _____

Type of Account *(choose one)*

Checking Account

Savings Account

Information About Your Financial Institution

Institution Name _____

Street Address _____

City _____ State _____ Zip Code _____

Institution you are changing from _____
(applies to change in authorization only)

Information About You

Name _____

Social Security Number _____

Office Location _____

Phone Number _____

I authorize Heartland AEA and the financial institution named above to automatically deposit my net pay or flat dollar amount to my account, and I understand that expense reimbursements will be deposited to my net payroll account (this includes my authorization for Heartland AEA to correct any entries made in error). This authority will remain in effect until I give written notice to cancel it.

Employee Signature

Date

Do not write in this box.

Prenote Date: _____ Effective Date: _____ Payroll: _____

Staple voided check horizontally at the top front of this sheet. Not valid without a voided check (for a checking account) or something preprinted with account number from your bank (for a savings account). Deposit slips are not accepted. Return this form to the Payroll Department in the Business Office.