DIRECT DEPOSIT AUTHORIZATION FORM

I authorize PACT for West Central IL and the financial institution(s) listed below to initiate credit entries each pay period, and if necessary debit entries and adjustments for any credit entries in error to account(s) listed below.

Please complete the following account information attach a voided check for verification of all financial information. If you have a checking and savings account in the same financial institution, you can choose both and designate what amount/percentage would go to each account.

Because the payroll system will only allow up to 4 options per employee, anytime an employee needs to make a change to their direct deposit, you will need to include every account, even the accounts you are not changing.

		\mathbf{A}	CCOUNT #1		
Name on Bank Account (please print)			Bank Routing #		
Financial Institution			Checking Account	Savings Account	
Branch Location			Bank Account #	Bank Account #	
City	State	Zip	Amount/Percentage	Amount/Percentage	
		A	CCOUNT #2		
Name on Bank	Account (please print)	Bank Routing #		
Financial Institution			Checking Account	Savings Account	
Branch Location			Bank Account #	Bank Account #	
City	State	Zip	Amount/Percentage	Amount/Percentage	
Work E-Mail A	ddress				
Employee's Sig	nature		Date		