



PAYROLL DIRECT DEPOSIT AUTHORIZATION FORM

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

Employee Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Check the appropriate item: (more than one box may be checked)

Direct Deposit- Primary

I hereby request and authorize the entire amount of my paycheck each pay period to be deposited into:

Checking\*      Savings      Pay Card (not provided by Mains'l)

Bank Name/Branch: \_\_\_\_\_

Account Number: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Direct Deposit- Secondary Account

I hereby request and authorize the sum of \$\_\_\_\_\_ to be deducted from my paycheck each pay period and to be deposited directly into the account indicated below with the remaining balance going into my primary account.

Checking\*      Savings      Pay Card (not provided by Mains'l)

Bank Name/Branch: \_\_\_\_\_

Account Number: \_\_\_\_\_

Routing Number: \_\_\_\_\_

**rapid! PayCard** –Provided by Mains'l

I hereby request and authorize the entire amount of my paycheck each pay period to be deposited onto a *rapid! PayCard*. (A *rapid! PayCard* will be mailed to your address on file with Mains'l before pay day)

I would like to cancel my deposit

I hereby cancel the authorization for direct deposit or payroll deduction effective (date)\_\_\_\_\_.

I authorize Mains'l Services, Inc. and the financial institution named above to automatically deposit my net pay to my account and to reverse any entries made in error. This authority will remain in effect until I give written notice to cancel it. **I understand that changes not received at least one week before pay day will not go into effect until the following pay date.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\* Attach voided check or bank notification of account information here