



Authorization for Direct Deposit

Payroll Use Only: Date: Initial:

RETURN

Employee Information

Last Name:

First Name:

MI:

Emp. I.D.:

Department

SS Number (Last 4-Digits):

New Enrollee Change in Enrollment Rehire

Depository Information

_____	_____	<input type="checkbox"/> Checking or <input type="checkbox"/> Savings	_____
Financial Institution #1	% Amount (optional, if not filled 100% of pay will be deposited.)		Account Number

_____	Balance	<input type="checkbox"/> Checking or <input type="checkbox"/> Savings	_____
Financial Institution #2			Account Number

Cancellation Information

Check which applies: All Accounts One Account listed below:

Account Number #: _____ Checking or Savings

For all accounts listed above, you **must** submit verification of the account in the form of either a copy of a canceled check, a voided check, a deposit slip, or a statement from the bank containing the routing and account numbers. **Your direct deposit will not be transmitted without this information.**

Authorization Information:

I hereby authorize the City of Stow, Huntington Bank of Ohio, and the financial institution(s) listed above to initiate electronic credit entries, (deposits) and if necessary, debit entries (charges) and adjustments for any credit entries in error, to my account(s) listed above.

I understand that this authorization will continue in force unless discontinued by my written request, and it is also my responsibility to maintain the designated account as open to prevent rejected or returned entries.

Further, I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Employee Signature

Date