

Direct Deposit Authorization Form

Complete this form and take it to your Human Resources/Payroll office to initiate/change you Direct Deposit.

	Employ	er Information			
Please c	omplete the following	information re	egard	ing the Employe	er.
Name:					
Address:					
City:					
State:	Zip Code:		Pho	one Number:	
	Employe	ee Information)		
Please co	omplete the following			ing the Employe	ee.
Name:				Number:	
Social Security Number (SSN					
Address:	' ,				
City:					
State:	Zip Code:		Pho	one Number:	
		Deposit Inform			
Dlagge com	nplete the following in				o cit
		Tormation rega	arumg	The Direct Dep	OSIC.
Name: Local Government Fed					
Address: PO Box 26748, Ral					
Routing Number: 253184537	<u>, </u>	l			
Account Number:		Account Typ	e:	Checking	Share
authorize	(employer) to	deposit my pa	yroll (check directly to	the account listed abo
offo et is so	(data)				
effective	(date).				
Employee Name:					-
Employee Signature:					Date: