

DIRECT DEPOSIT FORM



Employee Information

Employee Name _____ Social Security Number XXX-XX-_____

Address _____

BANK ACCOUNT - Make a selection

New Account Replace Existing Account Stop Direct Deposit

Financial Institution _____

City, State _____

Routing Number _____

Account Number _____

Checking Account or Savings Account

Sign, date and attach voided check to payroll

I HEREBY AUTHORIZE METRO CONTRACTING SERVICES TO INITIATE DEPOSITS(CREDIT) AND/OR CORRECTIONS TO THE FINANCIAL INSTITUTION INDICATED. THE FINANCIAL INSTITUTION IS HEREBY AUTHORIZED TO CREDIT AND/OR CORRECT AMOUNTS TO MY ACCOUNT. This authority is to remain in full force and in effect until I either revoke it by forwarding a new Direct Deposit Authorization, or in the case of payroll deposits, upon final payment of moneys due in the event termination of employment. I understand that I can access my pay statement electronically and this may be the delivery method provided of my pay statement information.

Signature: _____ Date: ____/____/____

