

DIRECT DEPOSIT AUTHORIZATION FORM

I _____ hereby authorize St. John Health System to
 (print name)
 deposit my paycheck into the indicated account(s) below.

Signature

Social Security #

Department #

Date

Direct deposit is a service that allows your check to be deposited automatically each pay period into your checking and/or savings account(s).

To activate a direct deposit request, a minimum of two weeks notice is required. Complete the appropriate sections below and return to the payroll department. Please attach a **voided check**.
 (We no longer accept deposit slips.)

If you work in multiple departments you must indicate if you want direct deposit for both departments.

Once the payroll department has processed the information, you will receive a payroll advice. Your deposit(s) will be shown in the "Current Deductions" column of your pay advice. Your checking/savings account(s) deposit(s) will equal your net pay on your pay stub. In the event of a discrepancy, please notify the payroll department immediately. If necessary, debit entries and adjustments for any credit entries in error to your account indicated below and the depository named below, hereafter called DEPOSITORY, to credit and debit the same entries to such account.

NEW ACCOUNT

Primary Deposit	Routing #	Account #
	Bank or Institution	Check One <input type="checkbox"/> Checking <input type="checkbox"/> Savings
\$ Amount or %	Routing #	Account #
	Bank or Institution	Check One <input type="checkbox"/> Checking <input type="checkbox"/> Savings
\$ Amount or %	Routing #	Account #
	Bank or Institution	Check One <input type="checkbox"/> Checking <input type="checkbox"/> Savings
\$ Amount or %	Routing #	Account #
	Bank or Institution	Check One <input type="checkbox"/> Checking <input type="checkbox"/> Savings