

# Example for new direct deposit

THE CHURCH OF  
**JESUS CHRIST**  
OF LATTER-DAY SAINTS

## Payroll Direct Deposit Authorization

**Instructions:** Complete this form and give it to your human resource representative to begin direct deposit or to change your existing direct deposit. You may deposit portions of your net pay into as many as five accounts. **Note:** You may receive regular paychecks until the direct deposit takes effect.

### Employee Information (Please print.)

Name <b>Populate your name</b>	Employee identification number (see paycheck stub) <b>LEAVE BLANK</b>	Social Security number <b>000 - 11 - 2222</b>
Department <b>EFV</b>	Work telephone number (include area code) <b>(XXX) XXX - XXXX</b>	

### Financial Institution Information

#### Instructions:

- Column A—Mark the appropriate box to begin, end, or change the amount of your direct deposit to each institution.
- Column B—Mark the account type.
- Column C—Print the institution's name, city, and state.
- Column D—Get the nine-digit routing number from the institution, and then enter it for each savings or checking account. Also enter the account number for each account. **For checking accounts, attach a voided check below.**
- Column E—Enter the dollar amount or percent you want to deposit to each account. **One account must be assigned the "Remaining balance."**

A. Action	B. Type	C. Institution name, city, state	D. Routing and account numbers	E. Amount
<input checked="" type="checkbox"/> Begin <input type="checkbox"/> End <input type="checkbox"/> Change amount	<input type="checkbox"/> Savings <input checked="" type="checkbox"/> Checking	<b>Bank Name</b> <b>City, State / Province</b>	Routing number <b>X X X X X X X X X</b> Account number <b>XXXXX</b>	Remaining balance
<input type="checkbox"/> Begin <input type="checkbox"/> End <input type="checkbox"/> Change amount	<input type="checkbox"/> Savings <input type="checkbox"/> Checking		Routing number Account number	
<input type="checkbox"/> Begin <input type="checkbox"/> End <input type="checkbox"/> Change amount	<input type="checkbox"/> Savings <input type="checkbox"/> Checking		Routing number Account number	
<input type="checkbox"/> Begin <input type="checkbox"/> End <input type="checkbox"/> Change amount	<input type="checkbox"/> Savings <input type="checkbox"/> Checking		Routing number Account number	
<input type="checkbox"/> Begin <input type="checkbox"/> End <input type="checkbox"/> Change amount	<input type="checkbox"/> Savings <input type="checkbox"/> Checking		Routing number Account number	

### Authorization

I authorize Payroll Services to deposit my paycheck in the financial institution accounts listed above and to adjust my accounts to correct any errors made in the deposits.

**I understand it is my responsibility to check with my financial institutions to see if the requested changes have taken place before writing checks on my accounts.**

Signature **You SIGN HERE** Date **current date**

**IF you do not have checks documents supplied by your bank can be an alternative.**

**Tape voided check(s) here.**  
**Deposit slips are not accepted.**