

White Memorial Medical Center  
Direct Deposit Authorization Agreement

I, \_\_\_\_\_  
Employee Name (print or type)

Employee ID # \_\_\_\_\_ Department \_\_\_\_\_ Extension \_\_\_\_\_

authorize White Memorial Medical Center to deposit my net pay directly into my checking or savings account as indicated below (select only one). In the event of a credit entry error, I authorize White Memorial Medical Center to initiate debit/credit entries and adjustments to correct the error.

**Checking:** \_\_\_\_\_  
(Bank Name) (Account Number)

**Savings:** \_\_\_\_\_  
(Bank Name) (Account Number)

**and/or**

authorize White Memorial Medical Center to deposit an *additional amount* of my net pay directly into a *second* checking or savings account as indicated below (select only one).

**Checking:** \_\_\_\_\_  
(Bank Name) (Account Number)

**Savings:** \_\_\_\_\_  
(Bank Name) (Account Number)

**Please Cancel My Direct Deposit  
Please Cancel My Second Direct Deposit**

I understand it is my responsibility to notify Payroll immediately if I alter, or intend to alter, my checking or savings account in any way (change banks, account number, etc.) I also understand that I may obtain a Direct Deposit Authorization Agreement from Human Resources for this purpose.

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

For Savings Accounts Please Submit the Banks/Credit Unions Routing Number:  
\_\_\_\_\_

(Attach Voided Check Here)

**Payroll Use Only:**  
**Date Entered in AS400:** \_\_\_\_\_ **By:** \_\_\_\_\_