



Direct Deposit Payroll Authorization Form

If you opt out of direct deposit, your paycheck will be mailed to your home address on payday.

NWC ID Number

Today's Date

First Name

Last Name

NAME OF FINANCIAL INSTITUTION #1

TYPE OF ACCOUNT

CHECKING

SAVINGS

BANK ROUTING NUMBER

(9 Digits)

BANK ACCOUNT NUMBER

Office Use only

Whole check Other amount \$ _____

Bank Code #1: _____

NAME OF FINANCIAL INSTITUTION #2

Bank Code #2: _____

TYPE OF ACCOUNT

CHECKING

SAVINGS

BANK ROUTING NUMBER

(9 Digits)

BANK ACCOUNT NUMBER

Whole check Other amount \$ _____

PAYEE CERTIFICATION

In signing this form, I authorize my paycheck to be sent to the financial institution named above to be deposited to the designated accounts. I understand that this authorization will remain in effect until I give written notice to cancel it.

Signature

Printed Name

Date