nployee Nar	mation Update Information	
lease PRINT CLI		<del></del>
ny credit ent MPLOYER ha	orize my employer to initiate credit entries and to initiation in the series in error to my (our) account(s) listed below. This as received written notification from account holder(s) YER reasonable opportunity and time to act on it.	uthority is to remain in full force and effect until
gnature		Date
	IF YOU CLOSE OR CHANGE YOUR BANK ACCOUNT,	PLEASE NOTIFY YOUR SUPERVISOR
count 1		
	Name of Bank, Savings, Loan, or Credit Union	Branch / Phone Number
	Routing / Transit Number	Type of Account Checking %
	Account Number	Savings %
ccount 2		
	Name of Bank, Savings, Loan, or Credit Union	Branch / Phone Number  Type of Account
	Routing / Transit Number	
	Account Number	
If you	a have more than two accounts to enroll in direct dep	osit, complete additional forms as needed.
_	ATTACH COPY(S) OF A VOID	PED CHECK(S)
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Return this form and any attachments <u>directly</u> to your supervisor.

To protect your bank account info, **DO NOT EMAIL or TEXT this form as an image or scan.**