



# DIRECT DEPOSIT AUTHORIZATION

PLEASE PRINT CLEARLY

Associate Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Workway Branch: \_\_\_\_\_

Please (check one):  BEGIN direct deposit  CHANGE (I am changing banks or accounts)  
 STOP direct deposit of my paycheck (see below)

If electing only one account, check the "Total Check" box for that account. If electing to deposit into two accounts, please be sure to note a "Flat Amount" for one account and choose "Remainder of Check" for the remaining funds to be deposited into the other account. Direct deposit takes effect by the third pay period due to the bank requirement to test the deposit transfer process.

## 1<sup>ST</sup> ACCOUNT

Name of Financial Institution: \_\_\_\_\_

Checking Account #: \_\_\_\_\_ *Attach a VOIDED CHECK, NOT A DEPOSIT SLIP*

Routing (ABA) #: \_\_\_\_\_

Savings Account #: \_\_\_\_\_ *Attach a VOIDED DEPOSIT SLIP*

Routing (ABA) #: \_\_\_\_\_

Total Check  Flat Amount \$ \_\_\_\_\_  Remainder of Check

## 2<sup>ND</sup> ACCOUNT

Name of Financial Institution: \_\_\_\_\_

Checking Account #: \_\_\_\_\_ *Attach a VOIDED CHECK, NOT A DEPOSIT SLIP*

Routing (ABA) #: \_\_\_\_\_

Savings Account #: \_\_\_\_\_ *Attach a VOIDED DEPOSIT SLIP*

Routing (ABA) #: \_\_\_\_\_

Total Check  Flat Amount \$ \_\_\_\_\_  Remainder of Check

### PLEASE READ AND SIGN BELOW

I hereby authorize WORKWAY or its representative to make all necessary arrangements for this direct deposit request and to deposit my paychecks automatically into the above bank account(s). I further understand that direct deposit funds will not be available in my account(s) until PAYDAY. Any changes must be in writing.

**Please note, if you elect to STOP your direct deposit, you cannot re-enroll in the program. We can only process changes if you switch banks or open a new account.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR INTERNAL USE ONLY

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_