



BALDWIN – WALLACE



DIRECT DEPOSIT AUTHORIZATION FORM

IF THIS IS A NEW AUTHORIZATION:

- Each new account will go through a PRE-NOTE process. This will take one payroll period for which you will receive a CHECK. Your next pay will go directly into your account.
The account must be established and active at your bank before your request DIRECT DEPOSIT.
Confirm that the bank accepts DIRECT DEPOSITS and VERIFY the TRANSIT ROUTING AND ACCOUNT NUMBERS.

PLEASE CHECK THE APPROPRIATE BOX AND COMPLETE:

- A NEW ACCOUNT (Please complete A through D below)
A NEW ACCOUNT TO REPLACE AN EXISTING DIRECT DEPOSIT (Please complete A through D below)
STOP DIRECT DEPOSIT Payroll must cancel Direct Deposit before you cancel the account.

- A) BANK NAME:
B) BANK TRANSIT ROUTING NUMBER: (MUST BE 9 DIGITS)
C) BANK ACCOUNT NUMBER:
D) CHECKING SAVINGS

Please return completed form to Payroll Services

Please include a copy of a voided check OR secure the routing and account number from your banking institution.

I authorize B-W and the banking institution listed above to deposit my net pay into my account each pay. If funds to which I am not entitled are deposited to my account, I authorize B-W to direct the banking institution to return said funds to B-W

I understand that my deposit may not be credited to my account until 5:00 PM on the pay date indicated on the check voucher. I further understand it is my responsibility to verify that funds have been directly deposited into my account prior to expending funds.

SIGNATURE

SIGNATURE: (IF JOINT ACCOUNT, BOTH PARTIES MUST SIGN)

NAME (PRINT)

SOCIAL SECURITY # (REQUIRED)

DATE:

PLEASE CHECK ONE
MONTHLY
BI-WEEKLY