



PAYROLL DIRECT DEPOSIT AUTHORIZATION FORM

(Please complete the form and sign)

Branch Name _____ **Date** / /

Employee Name _____ **SSN** - -

Last Name First Name MI

New: Allow at least two pay periods before your payroll direct deposit begins. Your direct deposit is in effect after you receive a pre-note on your pay stub.

Change: Allow at least two pay periods before an amount change goes into effect. All other changes (Bank or Account Number and Account Type), please see CANCEL and NEW.

Cancel: A cancellation should take effect within two pay periods of your request. **Do not close your account** until you receive a payroll check or your payment is deposited into your newly designated account.

	New √	Change √	Cancel √	Account Type √ <input type="checkbox"/> Savings <input type="checkbox"/> Checking	Name of Financial Institution	Account Number	Amount \$\$\$\$
1.				<input type="checkbox"/> Savings <input type="checkbox"/> Checking			
2.				<input type="checkbox"/> Savings <input type="checkbox"/> Checking			
3.				<input type="checkbox"/> Savings <input type="checkbox"/> Checking			

You **MUST STAPLE** a void check here or correspondence from your financial institution listing the **ACCOUNT NUMBER** and the **BANK TRANSIT NUMBER** for **EACH ACCOUNT**. **DO NOT SUBSTITUTE A DEPOSIT TICKET**, as this does not necessarily have the bank number to set up your direct deposit.

I hereby authorize the YMCA of Greater Boston to deposit the NET amount of my paycheck and if necessary, debit entries and/or adjustment for any deposit entries made in error to the account(s) and the bank(s) named above. To ensure proper distribution of my pay, I agree to immediately notify the YMCA Payroll Department of any changes to this information. I acknowledge that if I fail to notify payroll promptly about changes, this may cause a delay in receiving my pay. This authorization is to remain in force until the YMCA receives written notice from me to cancel or change this authorization.

I understand that the YMCA may terminate my enrollment in the program if I no longer meet the eligibility requirements.

Employee's Signature (required) _____ Date / /

Account Co-Owner or Owner's Name If different from employee _____

Account Co-Owner or Owner's Signature (required) _____ Date / /