

DIRECT DEPOSIT AUTHORIZATION FORM

I hereby authorize South Central Workforce Investment Board, Inc. to initiate entries to my checking/savings account(s) at the financial institution(s) listed below. This authority will remain in effect until the company is notified by me in writing to cancel it in such time as to afford South Central Workforce Investment Board and the financial institution(s) listed below a reasonable opportunity to act upon it. The deadline for submitting this authorization will be Noon, the Friday before the next payroll disbursement. If submitted after that time, the authorization will be delayed for one complete pay period. If you do not wish to participate in this service, please indicate below; otherwise, complete all necessary bank information. Along with the bank information entered below attach a check copy or a voided check to this form; for savings accounts, attach a deposit slip.

Note: Any deposit errors must be returned to South Central Workforce Investment Board, Inc. within **24 hours** of discovery. Any funds not returned to South Central Workforce Investment Board, Inc. will be deducted from subsequent payments.

Employee Name

Social Security Number

_____ At this time, I do not wish to participate in this service. (Please sign below.)

<i>Account #1</i>	
_____ Name of Financial Institution	
_____ Routing Number	_____ Account Number
_____ Amount/Percent to be Deposited*	
Please select one:	Checking <input type="checkbox"/> Savings <input type="checkbox"/>
*Leave blank if depositing to one account. If depositing to more than one account the amount cannot exceed the total of the employee's check or the percent must equal 100.	

<i>Account #2</i>	
_____ Name of Financial Institution	
_____ Routing Number	_____ Account Number
_____ Amount/Percent to be Deposited*	
Please select one:	Checking <input type="checkbox"/> Savings <input type="checkbox"/>
*Leave blank if depositing to one account. If depositing to more than one account the amount cannot exceed the total of the employee's check or the percent must equal 100.	

Please sign this authorization and return it to the Fiscal Manager as soon as possible.

Signature

Date