

# Pay Check Direct Deposit/Electronic Fund Transfer Authorization

To: Faith Family Academy Payroll Department  
Employer

I authorize my employer named above to deposit my net paychecks to my bank, as listed below:

_____	Bank Account Type and Number <u>(Check One)</u>
Bank Name	
_____	Checking <input type="checkbox"/> _____
Address	Account Number
_____	Savings <input type="checkbox"/> _____
City, State Zip	Account Number
( ) _____	
Telephone Number	
_____	
Contact Person	
_____	
Bank Routing Number for EFT	

I understand that my employer will need sufficient time prior to pay day in order to establish this direct deposit/EFT. I will be notified when my pay check is being directly deposited for the first time.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee's Name (Printed)

\_\_\_\_\_  
Date