



Optional Direct Deposit Pay Authorization

Complete this form if you wish to have your paycheck deposited directly into your bank account. Do not complete this form if you wish to have your paycheck mailed to your address on record.

Last Name: _____ First Name: _____

Social Security Number: _____

Local Address (City/State/Zip): _____

Permanent Address (City/State/Zip): _____

Bank Name: _____

Bank Address (City/State/Zip): _____

Type of Account	(circle one):	Checking	Savings
	(circle one):	Individual	Joint
	(circle one):	New	Existing

Bank Transit Code (first 9 digits on the bottom of your check): _ _ _ _ _

Account Number (second set of numbers on the bottom of your check): _____

If Joint Account, name of other person on account: _____

I hereby authorize my employer (JCC) to deposit my net pay into my account at the above bank. My employer (JCC) is also authorized to draw drafts to adjust any over-deposits which it has caused to be made to my account, provided I am notified at the time of the drawing of any such draft. I will not hold my bank liable for any erroneous deposits or adjustments made by my employer (JCC).

Employee Signature: _____

Date: _____

Payroll Approval: _____

Date: _____