

ACCOUNTABILITIES

AUTHORIZATION FOR DIRECT DEPOSIT

I, _____, choose to participate in Direct Deposit. I authorize Accountabilities to access the following (please circle one) **CHECKING / SAVINGS** account for transfer of net payroll on a bi-weekly basis:

_____ 9 DIGIT ABA/T/R # _____
BANK NAME ACCOUNT #

_____ Signature _____
Social Security Number Date

(ATTACH COPY OF VOIDED CHECK OR SAVINGS DEPOSIT SLIP HERE)

DIRECT DEPOSIT WAIVER

I, _____, **do not wish to participate in Direct Deposit** at this time.
(Print Name Here)
I understand that I may enroll at another time, and if I choose to do so, it is my responsibility to notify Accountabilities.

_____ Date _____
Signature