

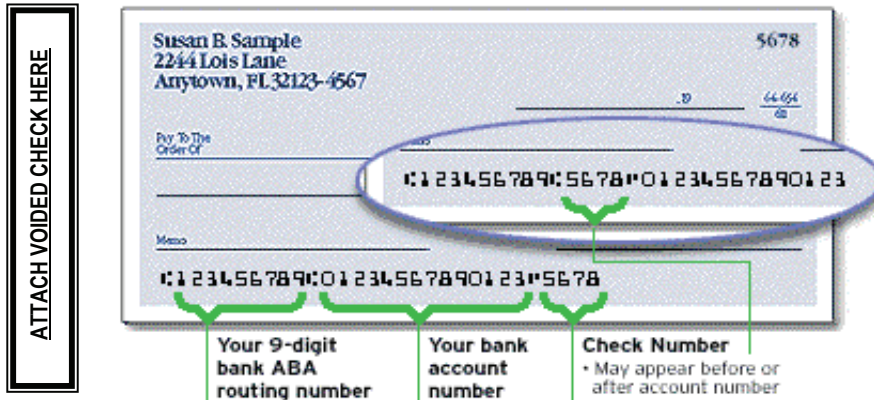


# Payroll Direct Deposit Authorization

Employee Name: \_\_\_\_\_ Dept #: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Employee #: \_\_\_\_\_ Company:  LMC  EC

	Checking	Savings	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
	<input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Delete	<input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Delete	<input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Delete
Bank Name			
Routing Number			
Account Number			
Deposit all of Net Check	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>OR</b>			
Specified Dollar Amount	\$ _____	\$ _____	\$ _____



This is my authorization for Lexington Medical Center/Extended Care to automatically deposit my payroll checks into my account(s) in the financial institution(s) listed above. I understand this initial setup and subsequent changes may take up to two (2) processing cycles before going into effect. I also authorize Lexington Medical Center/Extended Care to make corrections related to any payroll transactions, including the debiting of my account in the event of an overpayment.

Employee Name (please print): \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

