Lexington Medical Center

Payroll Direct Deposit Authorization

Employee Name (please print):_____

Dept #:_____ Employee #:_____

You may set up one or more direct deposit accounts. Please complete the information below and submit one of the following documents (listed below) for all of your direct deposit account(s). If more than one account is provided you must specify one deposit account for any remaining balance. Missing documentation will delay the setup. Information should be sent to the "Payroll Group" e-mail from a Lexington Medical Center e-mail account, faxed or delivered to the Payroll department.

Documentation

- Void check (checking only)
- Letter from your financial institution (include bank name, address, routing and account number)
- A copy of your membership card (include bank name, address, routing and account number)

PLEASE NOTE: checking the "Change" box is only for changes to an existing account. It is not to replace one account with another. To replace an account check "Delete" and enter information for account to be removed. Then check "New" in a different section and add your new account information.

	Checking	Savings	☐ Checking ☐ Savings
	☐ New ☐ Change ☐ Delete	☐ New ☐ Change ☐ Delete	☐ New ☐ Change ☐ Delete
Bank Name			
9-Digit Bank Routing Number			
Account Number			
Deposit Remaining Balance	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
OR			
Specified Dollar Amount	$	$	$

This is my authorization for Lexington Medical Center 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 to make corrections related to any payroll transactions, including the debiting of my account in the event of an overpayment.

Employee Signature:_____ Date:____/____/_____