**LANE PUBLIC LIBRARY**

**AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT**

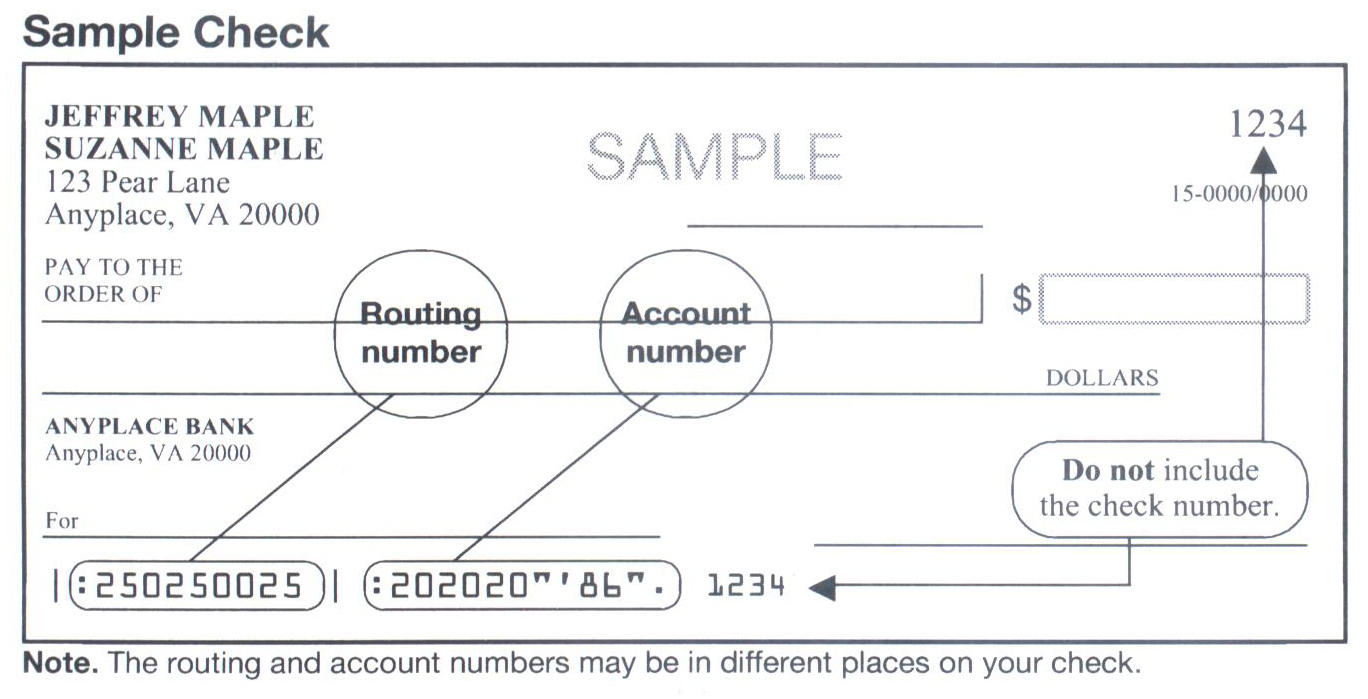
Use this form to add, change or cancel a direct deposit. Each account requires a separate form. All requests must be received by the Business Office five business days prior to the end of the pay period desired for the change; otherwise it will go into effect on the following paycheck. A direct deposit deduction must be canceled through the Business Office in order to be valid.

A full direct deposit requires net pay to be deposited into one account. A partial direct deposit requires a flat dollar amount to be deducted and deposited into a secondary account with the remainder being deposited into the primary account.

To set up direct deposit you must:

* Have an account currently set up at your financial institution that accepts direct deposits.
* Verify institution’s transit number and your account number.
* Notify the financial institution that you are setting up direct deposit through payroll deduction and determine if there are any special requirements.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Please complete all information then print, sign, and return to the Business Office.** | | | | | | | | | | | |
| **New Deposit** |  | | **Partial Deposit**  **Or change to partial deposit** | |  | | | **Cancel Direct**  **deposit** | |  | |
| **Name of financial institution** |  | | | | | | | | | | |
| **Routing transit number** |  | | | | | | | | | | |
| **Account number** |  | | | | | | | | | | |
| **Account type** | **Checking account** |  | | **Savings Account** | |  |  | | | | |
| **Deposit type** | **Full deposit** |  | | **Partial Deposit**  **Specify amount** | |  | **$** | | | | |
| **Employee name**  **(type or print)** |  | | | | | | | | | | |
| **Employee signature** |  | | | | | | | | **Date:** | |  |



06/15