Lifeworks
A nonprofit serving
people with disabilities

Payroll Direct Deposit Authorization
For Checking & Savings Accounts

**Please note: Direct deposit will initially take two pay periods to go into effect.
Prior to that, checks will be mailed.**

☐ **New Authorization**   ☐ **Change**   ☐ **Add**

LEGAL LAST NAME	LEGAL FIRST NAME	EMPLOYEE ID#
FINANCIAL INSTITUTION		
BRANCH (IF APPLICABLE)		**ROUTING #/BANK ID**
CITY		**STATE**

Indicate the type of account and list the dollar amount for that account, if listing 2 or more then you **MUST** list exact dollar amount for each accounts being deposited (percentage may NOT be used). Must provide documents for all accounts being listed.

CHECKING	☐	SAVINGS	☐	ACCOUNT #	AMOUNT $
CHECKING	☐	SAVINGS	☐	ACCOUNT #	AMOUNT $
CHECKING	☐	SAVINGS	☐	ACCOUNT #	AMOUNT $
CHECKING	☐	SAVINGS	☐	ACCOUNT #	AMOUNT $

ATTACH VOIDED CHECK WITH YOUR NAME OR OFFICIAL NOTE ON BANK LETTERHEAD LISTING ROUTING # AND ACCOUNT # FOR EACH CHECKING/SAVINGS ACCOUNT.

I authorize Lifeworks Services, Inc. and the financial institution listed above to deposit my net pay automatically to my account(s) each pay day and to initiate adjustments, if necessary, for any entries made in error to my account(s). This authorization will remain in effect until I have cancelled it in writing or until I have been voluntarily or involuntarily terminated.

EMPLOYEE SIGNATURE	DATE *(MM/DD/YYYY)*

UPDATED 01/10/2018