



# Direct Deposit Authorization Form

New Enrollment: To change your paper checks to electronic deposits take this completed form to your employer or other payor directly.

Existing Enrollment: To change the bank account currently receiving deposits electronically take this completed form to your employer or other payor directly.

## Account Information

Bank of Hope		
Bank Name	Routing Transit Number (ABA #)	Account Number

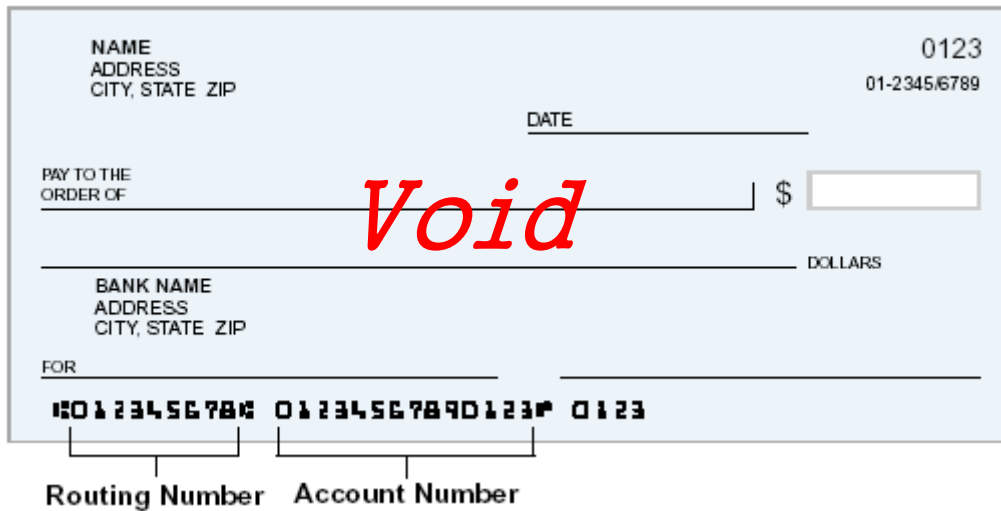
Account Type (Choose one):  Checking  Savings

Please note:

- For Direct Deposit into Checking you can find your account number on your check, bank statement or the account documents provided at account opening
- For Direct Deposit into Savings you can find your account number on your bank statement or account documents provided at account opening

Deposit amount (Choose one):  Total net pay  Set amount of \$\_\_\_\_\_

Please attach a voided check:



Please note:

- It may take one to two months for a payor to process your direct deposit request and to begin receiving electronic deposits
- Contact the payor that generates your direct deposit for specific details
- The payor may require you to complete additional forms or provide a voided check to process your request

I hereby authorize \_\_\_\_\_ (Name of Employer/Payor) to make deposits to the account listed above. This authorization will be in effect until I give written notice to cancel it.

Signature	Printed Name	Date	Employee ID # (if applicable)