

Direct Deposit Authorization Form

Print Full Name: _____

I hereby authorize Seattle Institute for Biomedical and Clinical Research (SIBCR) to deposit my net pay and/or fixed amount(s) each pay period directly to my account(s) as indicated. I agree to notify SIBCR immediately of any changes to the information so that my pay may be properly distributed. I understand that in the event that my financial institution is not able to deposit any electronic transfer into my account due to any action I take, SIBCR can not issue the funds to me until the funds are returned to SIBCR by my financial institution.

Employee Signature: _____ **Date:** _____

Please do not close or change accounts without giving SIBCR proper notice.

On payday you will be mailed an earnings statement showing gross salary, taxes, other deductions, and net pay. Your money will already have been deposited in your account(s). The amount of the deposit will appear on your bank statement.

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Direct Deposit to the following **CHECKING** account(s).  A voided check is attached.

|                                                                                 |                                                                                 |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| <input type="checkbox"/> Deposit net pay to:                                    | <input type="checkbox"/> Deposit fixed amount \$ _____                          |
| _____<br>Name of Financial Institution                                          | _____<br>Name of Financial Institution                                          |
| _____<br>Routing #                                                              | _____<br>Routing #                                                              |
| _____<br>Account #                                                              | _____<br>Account #                                                              |
| <input type="checkbox"/> New <input type="checkbox"/> Change<br>Effective _____ | <input type="checkbox"/> New <input type="checkbox"/> Change<br>Effective _____ |

Direct Deposit to the following **SAVINGS** account(s)  A savings deposit slip is attached.

|                                                                                 |                                                                                 |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| <input type="checkbox"/> Deposit net pay to:                                    | <input type="checkbox"/> Deposit a fixed amount \$ _____                        |
| _____<br>Name of Financial Institution                                          | _____<br>Name of Financial Institution                                          |
| _____<br>Routing #                                                              | _____<br>Routing #                                                              |
| _____<br>Account #                                                              | _____<br>Account #                                                              |
| <input type="checkbox"/> New <input type="checkbox"/> Change<br>Effective _____ | <input type="checkbox"/> New <input type="checkbox"/> Change<br>Effective _____ |