

**UMATILLA-MORROW HEAD START, INC.**

**DIRECT DEPOSIT AUTHORIZATION FORM**

**Please attach a blank check or savings deposit slip marked VOID**

Employee Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

*I authorize Umatilla-Morrow Head Start, Inc., to instruct my bank to deposit **the net amount of my paycheck**. I also understand I may discontinue this authorization at any time by giving written notice to Umatilla-Morrow Head Start, Inc. I realize that this information will be used solely for the purpose of direct deposit.*

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Bank or Institution \_\_\_\_\_

Type of Account    Checking    Savings

Name on Account \_\_\_\_\_

Routing # \_\_\_\_\_ Account # \_\_\_\_\_

**Second Electronic Transfer:**

*I authorize Umatilla-Morrow Head Start to make electronic transfer of **funds withheld from my paycheck** as follows:*

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Name of Bank or Institution \_\_\_\_\_

Type of Account: Credit Union    Other Checking    Other Savings

Amount \$ \_\_\_\_\_ Name on Account \_\_\_\_\_

Routing # \_\_\_\_\_ Account # \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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UMCHS use only: ID # \_\_\_\_\_ Date Entered \_\_\_\_\_ By \_\_\_\_\_