

UMATILLA-MORROW HEAD START, INC.

DIRECT DEPOSIT AUTHORIZATION FORM

Please attach a blank check 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 _____

Umchs use only: ID # _____ Date Entered _____ By _____