

# Direct Deposit Authorization Form

## Route Completed Form to Payroll

SRH Business Center Rm 154

1515 N 18th Street | Mount Vernon, WA 98273

Payroll@SkagitValleyHospital.org or Fax: (360) 814-7429



I hereby authorize Skagit Regional Health to deposit my paycheck in the account(s) identified below. I understand that each pay period I will receive an Electronic Direct Deposit (EDD) notice via email that will serve as my deposit receipt. In the event that Skagit Regional Health deposits funds erroneously into my account, I authorize them to debit my account(s) for the amount not to exceed the original amount of the erroneous credit.

EMPLOYEE NAME

LAST, FIRST MIDDLE INITIAL

EMPLOYEE ID NUMBER

(INITIALS OF YOUR FIRST AND LAST NAME PLUS THE LAST 4 OF YOUR SSN)

SIGNATURE

DATE

CONTACT # ( )

**REQUIREMENT:** PLEASE ATTACH YOUR Bank-Issued Pre-filled Direct Deposit Enrollment Form with your completed SRH Direct Deposit Form.

<b>ACTION</b>	<input type="checkbox"/> Add	<input type="checkbox"/> Change	<input type="checkbox"/> Cancel	<b>ACCOUNT TYPE</b>	CHECKING <input type="checkbox"/>	SAVINGS <input type="checkbox"/>	
1	BANK NAME/ City/ State			DEPOSIT AMOUNT		ALL <input type="checkbox"/>	OR \$ .
	ROUTING NUMBER			ACCOUNT NUMBER			
	MUST BE 9 DIGITS						

<b>ACTION</b>	<input type="checkbox"/> Add	<input type="checkbox"/> Change	<input type="checkbox"/> Cancel	<b>ACCOUNT TYPE</b>	CHECKING <input type="checkbox"/>	SAVINGS <input type="checkbox"/>	
2	BANK NAME/ City/ State			DEPOSIT AMOUNT		REMAINDER <input type="checkbox"/>	OR \$ .
	ROUTING NUMBER			ACCOUNT NUMBER			
	MUST BE 9 DIGITS						

<b>ACTION</b>	<input type="checkbox"/> Add	<input type="checkbox"/> Change	<input type="checkbox"/> Cancel	<b>ACCOUNT TYPE</b>	CHECKING <input type="checkbox"/>	SAVINGS <input type="checkbox"/>	
3	BANK NAME/ City/ State			DEPOSIT AMOUNT		REMAINDER <input type="checkbox"/>	OR \$ .
	ROUTING NUMBER			ACCOUNT NUMBER			
	MUST BE 9 DIGITS						

### Bank Issued Pre-filled Direct Deposit Enrollment Form

#### Questions:

- 1) Why is this required?
- 2) How can I get this form?

#### Answers:

- 1) We require this form to validate the data entered on your Direct Deposit Form.
- 2) Your bank can issue this on-demand. Upon request, please let your bank know that you are enrolling in direct deposit with your employer.

#### **\* TIPS \***

- \* For multiple accounts, please note that your net check will be deposited in the order in which you list (1, 2, 3) on the authorization form.
- \* Verify your account number and routing transit number with your financial institution(s).
- \* Do not use a deposit slip to verify the routing number.
- \* Direct deposit will be effective the second pay period following receipt of this form by Payroll. The first pay period is used to prenote the account(s) for accuracy.