

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.

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

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

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

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.