



Direct Deposit Employee Authorization Form

This form gives United Cerebral Palsy and your financial institution authority to deposit your pay into your account. Please complete the information below and return to the payroll department.

I, _____, authorize United Cerebral Palsy to initiate electronic credit entries each pay period, and if necessary, debit entries and adjustments for any credit entries in error to my:

_____ checking account OR _____ savings account.

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.

Financial Institution name (please print): _____

Financial Institution city and state: _____

Routing Number: _____

Account Number: _____

PLEASE ATTACH A VOIDED CHECK, DEPOSIT SLIP, OR BANK LETTER WITH ACCOUNT INFORMATION TO THIS PAGE. WITHOUT IT, UCP WILL NOT BE RESPONSIBLE FOR MISTAKES MADE WITH ACCOUNT INFORMATION.

Signature

Date

If you wish to receive a pay stub with every paycheck, please check here: _____

Please state how you would like the received: Mail _____ or Email _____

If you have any questions regarding your paycheck, please call Brooke Carrigan, Director of Operations, at 715-491-9621, or email at bcarrigan@ucpwcw.org