

EPHG Payment Deposit Authorization – CHANGE Form

Employee Name (Please Print)

Social Security Number

Site Number

<p>Bank Account #1 (check one):</p> <p><input type="checkbox"/> Checking <input type="checkbox"/> Savings</p> <p>Account #: _____</p> <p>Bank Name: _____</p> <p><input type="checkbox"/> Remove From Direct Deposit</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Remainder of Net Pay</p> <p><input type="checkbox"/> _____ % of Net Pay</p> <p><input type="checkbox"/> Specific Dollar Amount & _____ .00</p>	<p>Bank Account #2 (check one):</p> <p><input type="checkbox"/> Checking <input type="checkbox"/> Savings</p> <p>Account #: _____</p> <p>Bank Name: _____</p> <p><input type="checkbox"/> Remove From Direct Deposit</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Remainder of Net Pay</p> <p><input type="checkbox"/> _____ % of Net Pay</p> <p><input type="checkbox"/> Specific Dollar Amount & _____ .00</p>	<p>Bank Account #3 (check one):</p> <p><input type="checkbox"/> Checking <input type="checkbox"/> Savings</p> <p>Account #: _____</p> <p>Bank Name: _____</p> <p><input type="checkbox"/> Remove From Direct Deposit</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Remainder of Net Pay</p> <p><input type="checkbox"/> _____ % of Net Pay</p> <p><input type="checkbox"/> Specific Dollar Amount & _____ .00</p>
<p>* If your bank account number has changed, you must provide a voided check or bank specification letter.</p>		

Employee Signature

Date Signed

By signing above, I am agreeing that I am either the accountholder or have the authority of the accountholder to authorize my employer to make direct deposits into the named account

Accountholder Signature

Date Signed

(If employee doesn't have authority to authorize deposits to the accountholder's account.)

ATTACH VOIDED CHECK HERE BEFORE FAXING TO PAYROLL.
(for multiple accounts, send bank information or voided check on additional pages)

