



***PERSONAL INFORMATION FOR PAYROLL PROCESSING**

NAME(LAST, FIRST, MIDDLE INITIAL) <input type="checkbox"/> Male <input type="checkbox"/> Female		SOCIAL SECURITY NO.:	
MAILING ADDRESS(where W-2 will be mailed):	CITY:	STATE:	ZIP:
Drivers License or ID Number/State/Expiration Date:	Emergency Contact:	Phone #:	U.S. Veteran:
DATE OF BIRTH:	PHONE NUMBER:	E-MAIL ADDRESS:	

DIRECT DEPOSIT

Authorization Agreement

I hereby authorize **Not Just Payroll(NJP)** to initiate automatic deposits to my account at the financial institution name below. I also authorize **NJP** to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold **NJP** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account. I understand **NJP** needs 7 days to process new direct deposits resulting in the first paycheck to be a "live" check.

This agreement will remain in effect until **NJP** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the payroll department.

Account Information

NAME THAT APPEARS ON ACCOUNT:	NAME OF FINANCIAL INSTITUTION:																																				
ROUTING NUMBER: <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																			ACCOUNT NUMBER: <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS																		
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AUTHORIZED SIGNATURE (primary):	DATE:																																				
AUTHORIZED SIGNATURE (joint):	DATE:																																				

EMPLOYERS USE ONLY

TO BE COMPLETED BY SUPERVISOR EMPLOYER

HOURLY RATE OF PAY:	SALARY:	OTHER:
EMPLOYER SIGNATURE:		DATE: