



# Direct Deposit Authorization

Employee Legal Name (Print) \_\_\_\_\_

Employee ID# or SSN \_\_\_\_\_

Contact telephone number \_\_\_\_\_

**REQUIRED: Voided check/direct deposit statement from your bank with routing/account #.**

<b>Account #1</b>	Checking	Savings	Percent or fixed amount
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Direct Deposit Bank Name	_____	_____ %	\$ _____
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	Checking	Savings	
<b>Account #2</b>			For remaining balance

Direct Deposit Bank Name \_\_\_\_\_

This Authorization will be in effect until CSI receives a written notice asking that the direct deposit be inactivated.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Attach a voided check here.  
Deposit slips NOT accepted.

Submit to HR Department.