DIRECT DEPOSIT FORM

(for use by Linda Gross at FRCOG when processing payroll for FRRS)

I, _____, authorize my employer to deposit
(print name)
the amount(s) designated to the following bank(s):

Bank Name: _____

Checking* Acct. No. _____ Amt $_____
Savings Acct. No. _____ Amt $_____
Other Acct. No. _____ Amt $_____

**Please attach voided check or copy of check*

Bank Name: _____

Checking* Acct. No. _____ Amt $_____
Savings Acct. No. _____ Amt $_____
Other Acct. No. _____ Amt $_____

**Please attach voided check or copy of check*

Bank Name: _____

Checking* Acct. No. _____ Amt $_____
Savings Acct. No. _____ Amt $_____
Other Acct. No. _____ Amt $_____

**Please attach voided check or copy of check*

I agree that if an unearned or erroneous payment is credited to my account by my employer, I will immediately notify and promptly repay the employer the full amount of such unearned or erroneous pay.

Employee Signature: _____

Date: _____ Email: _____.FRRSMA@gmail.com_____