



US DIRECT DEPOSIT AUTHORIZATION FORM

Employee Information

Please check which payroll you are under:

PIN:

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- IC CCP DMIR WC SSM
 GTW DWP B&LE P&CD

Name: _____ Work Phone Number: _____
(please print)

Signature: _____ Date: _____
yyyy-mm-dd

I hereby authorize my Employer and the Financial Institution indicated below to initiate deposits of funds to which I am entitled, automatically to my account. If funds are deposited to my account in error, I authorize my Employer to direct the Financial Institution to return such funds. This authority is to remain in full effect until the Employer or Financial Institution has received written notification from me of its termination in such time and manner as to afford the Employer or Financial Institution a reasonable opportunity to act on it, or until Employer or Financial Institution has sent me a written notice (10) days prior to their termination of this agreement.

Bank Information

Check one: Initial Enrollment Bank Account Change *

*** Keep your old account open until the first deposit has been made to the new account.**

Please furnish a voided check and complete information below.

Bank Name: _____

Bank Phone Number: _____

City: _____ State: _____

Transit Routing Number:

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 (9 digits only)

Account Type (You MUST select one): Checking Savings

Account Number: _____

Return this form to the U.S. Payroll department

To authorize the direct deposit of your salary, please return the completed form by mail or fax, along with a **voided check** to:

Payroll Accounting
17641 South Ashland Ave
Homewood, IL 60430-1339

Fax: (708) 332-3854