



*The ODLE Way:*  
*Opportunities for Growth*  
*Dedicated to Those We Serve*  
*Loyalty to a High Performing Workforce*  
*Excellence in All We Do*

## Authorization for Direct Deposit – Employee Form

I, \_\_\_\_\_, (please print) hereby authorize ODLE MANAGEMENT to direct deposit my paycheck in the bank account(s) listed below.

**I have attached a (please check)  voided check<sup>1</sup>  pre-filled direct deposit authorization from my banking institution<sup>2</sup>. I understand that Payroll will NOT process this direct deposit without a voided check or pre-filled direct deposit verification letter. I understand that my bank account noted below is subject to a prenote<sup>3</sup> which requires no more than 10 business days to process. I understand that I will be receiving a live paycheck during the prenote process. This authorization is to remain in full force and effect until Odle Management has received written notification from me of its termination or change. I also grant Odle Management the right to correct any Electronic Funds Transfer (EFT) resulting from an erroneous overpayment by debiting my account(s) to the extent of such overpayment. I also understand I must notify the Payroll Department PRIOR to the next payroll input date and complete a new authorization form if I change financial institutions, account numbers or type of account.**

Initial Request       Change       Add New Account       Cancellation

<u>Bank Account #1</u> <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account Name of Financial Institution _____ Bank Routing /ABA Number _____ Account Number _____ Deposit Amount: <input type="checkbox"/> Full Net Pay <input type="checkbox"/> Partial Dollar Amount \$ _____ <input type="checkbox"/> Remainder of Net Pay
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<u>Bank Account #2</u> <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account Name of Financial Institution _____ Bank Routing /ABA Number _____ Account Number _____ Deposit Amount: <input type="checkbox"/> Full Net Pay <input type="checkbox"/> Partial Dollar Amount \$ _____ <input type="checkbox"/> Remainder of Net Pay
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Employee Signature: _____ Date: _____ JCC or Workforce Location: _____
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<sup>1</sup> Please write "VOID" across your blank check.

<sup>2</sup> This also applies to prepaid money card accounts and mobile banking apps. A screen shot of your account information is acceptable. Online fillable forms are not acceptable.

<sup>3</sup> Prenote applies to initial requests, changes to your account and adding a new account.