



## GLOW YMCA, Inc.

### Employee Direct Deposit Authorization

Employee Name: \_\_\_\_\_

Employee ID Number: \_\_\_\_\_

Begin Deposit       Change Information       Cancel

Bank Name: \_\_\_\_\_

**Checking**      I wish to deposit (check one)       \$ \_\_\_\_\_       Entire net pay

**Savings\***      I wish to deposit (check one)       \$ \_\_\_\_\_       Entire net pay

**\*Direct deposit to a savings account requires a letter from your bank with the appropriate deposit information**

I hereby authorize the GLOW YMCA, Inc., and the bank indicated to deposit my net pay automatically to my account each payday.

Further, I authorize my financial institution to accept and to credit entries indicated by the GLOW YMCA, Inc. to my account. In the event that the GLOW YMCA deposits funds into my account to which I am not entitled, I authorize the GLOW YMCA, Inc. to direct the bank to return such funds

This authorization is to remain in effect until the GLOW YMCA Inc. and my bank have received written notice from me of its termination in such manner as to allow the YMCA and my bank a reasonable opportunity to act on it.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please attach a voided check and/or the savings account form in the box below for verification of all bank information.*

**STAPLE VOIDED CHECK HERE:**

