

**EAST MISSOURI ACTION AGENCY, INC.
DIRECT DEPOSIT AUTHORIZATION**

Employees: Complete parts 1, 2, 3, and 5. Complete part 4 only if you want to start, cancel or change the amount of a savings or discretionary allotment.

1. EMPLOYEE INFORMATION

EMPLOYEE PAYROLL IDENTIFICATION NUMBER (SSN)

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EMPLOYEE NAME (as on payroll records) Last, First, Middle Initial (leave one space between each)

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TELEPHONE NUMBER (work) □□□ □□□ □□□□

TELEPHONE NUMBER (home) □□□ □□□ □□□□

2. TYPE OF ACCOUNT: Checking Savings **TYPE OF PAYMENT:** Net

3. DIRECT DEPOSIT ACCOUNT INFORMATION – NET PAY/ TRAVEL/ OTHER – A voided personal check or deposit slip should be attached in the space below.

4. ALLOTMENT INFORMATION: Complete this part only if you want to start, cancel or change the amount of a savings or discretionary allotment. A voided personal check or deposit slip should be attached in the part 3 space.

TYPE OF ALLOTMENT (check one)
 Savings (whole dollar amounts only)
 Discretionary or 3rd party

TYPE OF ACCOUNT (check one)
 Checking
 Savings

ACTION (check one)
 START
 CANCEL
 CHANGE

AMOUNT (check one)
 INCREASE TO: \$ _____
 DECREASE TO: \$ _____
New Total \$ _____

5. AUTHORIZATION:

EMPLOYEE'S SIGNATURE _____ DATE _____

6. AGENCY USE: