


LOS ALAMOS NATIONAL LABORATORY

Payroll Check Direct Deposit Authorization

Return completed form to: 
Payroll – MS P238 – Otowi Bldg. 261
Or FAX to 505.665.5562 (original need not be sent – Fax is sufficient)

I hereby authorize Los Alamos National Laboratory, hereinafter called The Laboratory, to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error to my account listed on this form.

Please check one of the following

***** A separate form is required for each account transaction *****

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
First time request for Direct Deposit- Checking	Change in Amount – Checking	Cancel Direct Deposit - Checking	First time request for Direct Deposit- Savings	Change in Amount – Savings	Cancel Direct Deposit - Savings								
Financial Institution:													
Address:													
Transit Number		Account Number											
_____ / _____ <small>9 digits in lower left corner of check</small>			<table border="1"> <tr> <td></td> <td>Amount</td> <td>or</td> <td>Percentage</td> </tr> <tr> <td>\$</td> <td></td> <td></td> <td>%</td> </tr> </table>				Amount	or	Percentage	\$			%
	Amount	or	Percentage										
\$			%										

FOR FIRST TIME CHECKING ACCOUNT AUTHORIZATIONS ATTACH A VOIDED CHECK HERE. THIS FORM WILL NOT BE PROCESSED WITHOUT A CHECK OR COPY OF ONE. DEPOSIT SLIPS WILL NOT BE ACCEPTED.

SAVINGS ACCOUNTS REQUIRE A LETTER/DOCUMENT FROM THE INSTITUTION WITH TRANSIT NUMBER/ACCOUNT NUMBER AND VERIFICATION THAT EMPLOYEE IS AUTHORIZED ON THE ACCOUNT.

Printed Name

_____/_____
Z Number Lab Phone Number

Signature

Date

This form is to remain in effect until The Laboratory has received written notification from me of its termination in such time to afford The Laboratory and the Financial Institution a reasonable opportunity to act on it. (Revised 3/2003)

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