



PROTECT YOUR BANKING INFORMATION:
DO NOT complete this form until you are ready to submit it to the Payroll Department.

DIRECT DEPOSIT REQUEST

Directions:

1. Provide required information neatly, legibly;
2. **If** Checking Account Direct Deposit, include a **voided check**.
 a. **DO NOT submit a deposit slip!**
3. **If** Savings Account Direct Deposit, include a **copy of savings card**.
4. Sign this form;
5. Inter-office mail it to Craft Payroll at "P238."

DIRECT DEPOSITION AUTHORIZATION

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.

<i>If deposit is for:</i> Checking Account # (last 10 digits on lower right of check)	
<i>If deposit is for:</i> Savings Account #	
Financial Institution	
Branch	
Address	
City, State, Zip	
Bank Routing # (first 9 digits on lower left of check)	

This agreement is to remain in place until The Laboratory has received written notification from me as to its termination in such time to afford the Financial Institution and The Laboratory to act on it.

Printed Name
Z#
Signature
Date

CANCELLATION

Cancel my Direct Deposit Authorization.

Printed Name
Z#
Signature
Date