

GRAND TRAVERSE PAVILIONS
Financial Management

DIRECT DEPOSIT/PAYCARD AUTHORIZATION

I authorize Grand Traverse Pavilions and the financial institution(s) to deposit my pay automatically to the specified accounts. Adjusting entries to correct errors are also authorized. Please continue this authorization until I cancel it in writing.

Employee Name

Date

Checking Account

Paycard

\$ _____
Amount

\$ _____
Amount

Checking Account Number

Paycard Account Number

Financial Institution Name

Financial Institution Name

Routing Number

Routing Number

Savings Account

Second Savings Account

\$ _____
Amount

\$ _____
Amount

Savings Account Number

Savings Account Number

Financial Institution Name

Financial Institution Name

Routing Number

Routing Number

Employee Signature

Date

Please attach a voided check or savings account deposit slip to ensure your pay is appropriately directed. Please return this form to the Human Resources Department when complete.