

Mid Vallee Golf Course - Employee Direct Deposit Authorization

*This form MUST be completed & turned in during your first week of employment.
You won't receive your first paycheck until this, and all employment forms are completed and turned in.*



We now require all employees to use Direct Deposit. Your paycheck will be automatically deposited in your checking or savings account on payday. You don't have to change your present banking relationship to take advantage use this service.

This authorization form gives your employer and your financial institution authority to deposit your pay to your account. Employees must attach a voided check for each of their accounts to help verify their account numbers and bank routing numbers. If you don't have checks, most banks & credit unions have a printed Direct Deposit Form that they will give you if you ask.

We now have the capability of splitting your pay into two separate bank accounts if you would like.

Account 1 –

Account Type: _____ Checking _____ Savings

Financial institution name _____

Financial institution routing number _____

Account number at financial institution _____

Dollar amount or percentage to be deposited to this account _____

Account 2 – *(remainder to be deposited to this account)*

Account Type: _____ Checking _____ Savings

Financial institution name _____

Financial institution routing number _____

Account number at financial institution _____

Dollar amount or percentage to be deposited to this account _____

ATTACH A VOIDED CHECK or BANK DIRECT DEPOSIT FORM HERE FOR EACH ACCOUNT

I hereby authorize Mid Vallee Golf Course Inc and the financial institution listed to initiate electronic entries to my account(s) each payday. I understand that this authorization remains in effect until Mid Vallee Golf Course Inc receives from me, in writing, notification to terminate the authorization in such a time and manner as to afford Mid Vallee Golf Course Inc and my financial institution a reasonable time to act on it. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

PLEASE KEEP A COPY OF THE AUTHORIZATION FOR YOUR RECORDS

Please Print Your Full Name Here _____

Signature _____