

DIRECT DEPOSIT AUTHORIZATION

TO: PAYROLL DEPARTMENT

- New authorization
- Change of authorization

This is to authorize Geisinger Health System to deposit my paycheck as shown below every pay period until further notice. As required by Geisinger policy, I must elect to have my entire net pay deposited. One of the accounts listed below will receive my net pay. (See Payroll User's Manual under Payroll site on Infoweb for more information.)

I have attached a voided check or a copy of a check or deposit slip that provides the bank's ABA number and my account number. I understand that account numbers and bank ABA numbers must be verified prior to direct deposit becoming effective and for this reason **my direct deposit option will start with the second pay after payroll receives the form.**

I also understand that if this form is being submitted to change the direct deposit of my net pay from one financial institution to another, I will receive a live paycheck for one pay only to enable the new bank account number and ABA number to be verified.

	Account I	Account II (optional)
Financial Institution:	_____	_____
Address:	_____	_____
Bank Phone Number:	_____	_____
A.B.A. #:	_____	_____
Bank Account Number:	_____	_____
Account Type:	_____	_____

Account Type:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Deposit Amount:	<input type="checkbox"/> Fixed \$ _____ <input type="checkbox"/> Net Balance	<input type="checkbox"/> Fixed \$ _____ <input type="checkbox"/> Net Balance

Employee Name: _____

Lawson Employee #: _____

Signature: _____

Date: _____ Telephone Ext.: _____

**Send completed form and voided check to:
Payroll Dept. at 15-11 OR
Fax both to Payroll at (570) 271-5948**

(PAYROLL USE ONLY)

PAYROLL CLERK	PROCESS DATE	VERIFIED BY
_____	_____	_____

PRENOTE PROCESSED – BIWEEKLY OR STAFF (CIRCLE ONE)

BEGIN DATE P/E _____ / _____ / _____ STOP DATE P/E _____ / _____ / _____