



DIRECT DEPOSIT AUTHORIZATION FORM

☐ AUTHORIZE DIRECT DEPOSIT

☐ CHANGE DIRECT DEPOSIT

☐ CANCEL DIRECT DEPOSIT

EMPLOYEE NAME:

PAYROLL #:

PLEASE PRINT

I authorize Cowlitz PUD to deposit my wages/salary to the following financial account(s):

Please note that you must either use a percentage (%) or a fixed dollar (\$) amount.

Option #1 - Select to deposit entire paycheck or to select balances remaining when using options #2 - #10.

Financial Institution

☐ Savings ☐ Checking

Routing Number

Account Number

I wish to deposit (check one):

- ☐ Entire Net Pay
☐ Remaining Net Pay

Option #2 - Select to deposit fixed amount (\$) or percentage (%) of paycheck.

Financial Institution

☒ Savings ☐ Checking

Routing Number

Account Number

I wish to deposit (check one):

- ☐ % of Net Pay
☐ Fixed Dollar Amount

Option #3 - Select to deposit fixed amount (\$) or percentage (%) of paycheck.

Financial Institution

☐ Savings ☐ Checking

Routing Number

Account Number

I wish to deposit (check one):

- ☐ % of Net Pay
☐ Fixed Dollar Amount

Option #4 - Select to deposit fixed amount (\$) or percentage (%) of paycheck.

Financial Institution

☐ Savings ☐ Checking

Routing Number

Account Number

I wish to deposit (check one):

- ☐ % of Net Pay
☐ Fixed Dollar Amount

CHECK EXAMPLE

I understand I may cancel or change this agreement at any time by completing another Direct Deposit Authorization Form and sending it to the Human Resources Department, allowing a reasonable amount of time (approximately 3 weeks) for them to act upon my request for cancellation or change.

SIGNATURE:

DATE:

NOTE: You are able to transfer funds to up to 10 different financial institutions. If needed, please fill out a second form with the financial institution information.