

Authorization to Mail or Direct Deposit Authorization Form

Final Pay at Termination

Any Direct Deposit Authorization Form(s) that I have completed and submitted prior to my departure from the company are not applicable for my final pay. Unless otherwise agreed to in writing, using this form, my final pay will be made by paper check and delivered to me on my last day of employment at my regular workplace. The only exception to this is if I resign with less than 72 hours' notice. If that occurs, my final pay will be due to me within 72 hours of providing notice.

☐ Authorization to Mail Final Check (*Resignations Only*)

I hereby authorize _____ (Company) to mail my **final paycheck** to the address listed below. I understand that the date my employer mails the check to me will be considered the date that my employer delivered my final paycheck.

Name: _____

Signature: _____ Date: _____

Please mail my final paycheck to this address:

Street Address: _____

City, State Zip Code: _____

Attention: _____

-OR-

☐ Authorization to Direct Deposit Final Check

I hereby authorize _____ (Company) to directly deposit my **final paycheck** in the bank account(s) I have listed below in the percentage(s) specified. I understand that my final pay will be deposited into the account(s) I specify on my last day of employment (or within 72 hours of giving notice if I give less than 72 hours' notice of my resignation). If two accounts are designated, deposits are to be made in whole percentages of pay to total 100%). I have attached a voided personalized check/account and routing information (checking accounts) or deposit slip (savings accounts) for each account specified if I do not wish for the Company to use my current direct deposit information. No more than two accounts may be designated.

Name: _____

Signature: _____ Date: _____

Account #1 *(check only one)*

☐ Checking (voided check attached)

☐ Clear Selection

☐ Savings (deposit slip attached and ABA routing number from bank entered below)

Financial Institution: _____

Street Address: _____

City, State and Zip Code: _____

Telephone: _____

Personal Account Number: _____

ABA (Routing) Number: _____

Amount of pay to be deposited into this account

\$ _____ or _____ %

Account #2 *(check only one) – if applicable*

☐ Checking (voided check attached)

☐ Clear Selection

☐ Savings (deposit slip attached and ABA routing number from bank entered below)

Financial Institution: _____

Street Address: _____

City, State and Zip Code: _____

Telephone: _____

Personal Account Number: _____

ABA (Routing) Number: _____

Amount of pay to be deposited into this account

\$ _____ or _____ %

Distribution: Original to Employee Personnel File, Copy to Employee, Copy to Payroll