

HUMAN RESOURCES DEPARTMENT
610 MANTON AVENUE
PROVIDENCE, RI 02909
(401) 274-6310

Direct Deposit Authorization

EMPLOYEE	PROGRAM
DEPARTMENT/LOCATION	DATE EFFECTIVE
BANK NAME _____	
ADDRESS _____	
ACCOUNT NUMBERS (You may only deposit into one account; see your bank representative for transfers to different accounts)	
CHECKING _____	(Attach Voided Check*)
OR	
SAVINGS _____	(Attach a copy of statement with account #*)
* Direct deposit cannot be processed without a voided check or deposit stub for checking accounts, and a copy of your statement displaying your account number for savings accounts.	
I, _____, hereby authorize the Center to directly deposit my entire paycheck into the account specified above. I understand that I am responsible for providing the Center with accurate information, and furthermore understand that the Center is not responsible for incorrect information it is given. If there is an error or overpayment, the Groden Center has the authority to correct the error by debiting my account. In the event that payday falls on or after a bank-observed holiday, the Center will not be responsible for the day that the bank credits the deposit to my account or for any checks dishonored because of bank-delayed postings.	
Employee Signature: _____	Date: _____
Human Resources: _____	Date: _____

I, _____, authorize the Center to cancel my direct deposit effective _____.	
Employee Signature: _____	Date: _____
Human Resources: _____	Date: _____