

SPIRITUS



Inspiring Youth & Forming Leaders

Direct Deposit Employee Authorization

Name (PLEASE PRINT): _____

I authorize Mount Tabor and the financial institution below to initiate credit entries for payroll & expense reimbursement, and if necessary, debit entries and adjustments for any credit entries in error to my:

Checking Account

-OR-

Savings Account

This authority will remain in effect until I have cancelled it in writing.

Please **PRINT** the banking information below **OR** attach a voided check from your account:

Financial Institution Name: _____

Account Number: _____

Routing Number: _____

Signature: _____ **Date:** _____

First and last paystub will be sent via email, unless you request otherwise.

All paystubs are on file with the bookkeeper and can be shared with you any time.

(preferred)

Please circle one: email my pay stub **OR** please print my pay stub

(preferred)

Please circle one: only first and last **OR** please provide pay stub each pay period