

EMPLOYEE DIRECT DEPOSIT AUTHORIZATION
for
PYRAMID LAKE PAIUTE TRIBE
PO BOX 256
NIXON, NV. 89424

EMPLOYEE NAME: _____ EMPLOYEE # _____

I wish to have my employer deposit my net pay and/or fixed amount(s) each payday directly to my account(s) as indicated. I agree to notify my employer immediately of any changes to the information so that my pay may be properly distributed. I understand that in the event my employer notifies my financial institution that I am not entitled to the funds deposited to my account, my bank is authorized to debit my account for the amount of the adjustment. I understand that in the event my financial institution is not able to deposit any electronic transfer into my account due to any action I take; that I am responsible for any resulting bank fees incurred, and that my employer can not issue the payroll funds to me until the funds are returned to my employer by my financial institution.

Please note that, due to timing differences, new or changed direct deposits may result in one paper check after this form has been submitted. Please do not close your account(s) without giving your payroll office two weeks prior notice.

Employee Signature _____ Date _____

CHECKING ACCOUNTS. ATTACH A VOIDED CHECK FOR EACH ACCOUNT. ** IF A VOIDED CHECK IS NOT ATTACHED, THIS SECTION SHOULD BE COMPLETED BY YOUR FINANCIAL INSTITUTION ALONG WITH THEIR NAME AND SIGNATURE BELOW**.

NET Direct Deposit to the following CHECKING account:

_____	_____	_____	NET	<input type="checkbox"/> NEW <input type="checkbox"/> CHANGE <input type="checkbox"/> STOP
Name of Financial Institution	Routing Number	Checking Account Number	Amount	

FIXED Amount to the following Checking account(s):

_____	_____	_____	_____	<input type="checkbox"/> NEW <input type="checkbox"/> CHANGE <input type="checkbox"/> STOP
Name of Financial Institution	Routing Number	Checking Account Number	Amount	

_____	_____	_____	_____	<input type="checkbox"/> NEW <input type="checkbox"/> CHANGE <input type="checkbox"/> STOP
Name of Financial Institution	Routing Number	Checking Account Number	Amount	

_____	_____	_____	_____	<input type="checkbox"/> NEW <input type="checkbox"/> CHANGE <input type="checkbox"/> STOP
Name of Financial Institution	Routing Number	Checking Account Number	Amount	

SAVINGS ACCOUNTS. DEPOSIT SLIPS CAN **NOT** BE USED. THIS SECTION, ROUTING AND ACCOUNT NUMBERS BELOW SHOULD BE COMPLETED BY YOUR FINANCIAL INSTITUTION.

****PRINT NAME OF FINANCIAL REPRESENTATIVE:** _____ **PHONE:** _____

****SIGNATURE OF FINANCIAL REPRESENTATIVE:** _____ **DATE:** _____

NET Direct Deposit to the following SAVINGS account:

_____	_____	_____	NET	<input type="checkbox"/> NEW <input type="checkbox"/> CHANGE <input type="checkbox"/> STOP
Name of Financial Institution	Routing Number	Savings Account Number	Amount	

FIXED Amount to the following Savings account(s):

_____	_____	_____	_____	<input type="checkbox"/> NEW <input type="checkbox"/> CHANGE <input type="checkbox"/> STOP
Name of Financial Institution	Routing Number	Savings Account Number	Amount	

_____	_____	_____	_____	<input type="checkbox"/> NEW <input type="checkbox"/> CHANGE <input type="checkbox"/> STOP
Name of Financial Institution	Routing Number	Savings Account Number	Amount	

_____	_____	_____	_____	<input type="checkbox"/> NEW <input type="checkbox"/> CHANGE <input type="checkbox"/> STOP
Name of Financial Institution	Routing Number	Savings Account Number	Amount	