



# Direct Deposit Authorization Agreement

This form authorizes WoodmenLife to establish or change a direct deposit account, sending credit entries as well as appropriate adjustments and debit entries in the event of an error. Please note that this form will affect any/all payments made to the associate, including payroll, bonuses, employee travel expense reimbursement and non-travel expense reimbursement. Bonus and employee expense reimbursement will be sent only to the primary account (Account #1).

### Account #1 (Primary Account)

Financial Institution: \_\_\_\_\_

Bank Routing/Transit Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

(Check one)  Checking  Savings (Check one)  100% Net Pay  Balance

### Account #2 (Optional Secondary Account)

Financial Institution: \_\_\_\_\_

Bank Routing/Transit Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

(Check one)  Checking  Savings \* Amount or percent per pay period: \_\_\_\_\_

\* Example for 2 accounts: (Account 1= Balance and Account 2=10%) or (Account 1=Balance and Account 2=\$250.00)

*This authorization will remain in effect until WoodmenLife receives a written termination notice.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Employee ID/Identification Code

*I have attached a voided blank check for a checking account or deposit slip for a savings account to validate the account information.*

**All account information must be completed for this form to be valid.**

Please return this completed form to: WoodmenLife  
Payroll Department (22<sup>nd</sup> Floor)  
1700 Farnam St.  
Omaha, NE 68102-2009

**Telephone:** 402-271-7210  
**Fax:** 402-378-7838  
**Email:** payroll@woodmen.org