

Direct Deposit Authorization

Payroll Office
Administration Building - Rm. 202
Pittsburgh, PA 15282
(412)396-6579

Start		☐ Change	
Name (Last, First, Middle Initial)		Last 4 Digits of	Social Security Number
Home Address: Street	City	State	Zip Code
You may choose to deposit your pay in mor Office if you wish to use additional accounts	re than one account. Please c	omplete the fields be	elow and contact the Pay
. Financial Institution Name (Bank, Savings Institution			
Type of Account			
☐ Checking ☐ Savings		Amount C	All [7]
		Amount \$	All 🗆
Transit Routing Number (Must be 9 digits)	Account N	ımber	
F YOU ARE GIVING US A CHEC	Account N	ımber	T DOON TON
Transit Routing Number (Must be 9 digits) F YOU ARE GIVI VG VS A CHEC 2. Financial Institution Name (Bank, Savings Institution)	Account N	Imber	T DOON TON
F YOU ARE GIVING VS A CHEC. F. Financial institution Name (Bank, Savings Institution Savings) Type of Account Checking Savings	Account No.	Imber	T DOON TON
F YOU ARE GIVING VS A CHEC. F. Financial institution Name (Bank, Savings Institution Savings) Type of Account Checking Savings	Account No.	IN THE NUM Amount \$	T DOON TON
F YOU ARE GIVING VS A CHEC. F. Financial institution Name (Bank, Savings Institution Savings) Type of Account Checking Savings	Account No.	IN THE NUM Amount \$	T DOON TON
Transit Routing Number (Must be 9 digits) F YOU ARE GIVI VG VS A CHEC 2. Financial Institution Name (Bank, Savings Institution) Type of Account	Account No. Account No.	Amount \$	Which I am not entitled are

Your Town, PA 12345	
Pay to the Order of	\$
Your Bank	Dollars

Routing No. Account No. Check No.

Simply copy the information from your check or attach a voided copy to this form. If you do not have paper checks, please contact the Payroll Office for Instructions (412) 396-6579.

The Payroll Department will make every effort to accurately and timely process the above information.

The employee is responsible for validating his/her pay stub.