



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

DIRECT DEPOSIT OF PAYROLL FORM

YMCA of Greater Louisville

PLEASE PRINT OR TYPE ALL INFORMATION

New Change Branch: _____

Name: _____ Employee #: _____

BANK INFORMATION

If two accounts are to be used, put a dollar amount to deposit into one account. The balance of your check will be deposited to the other account. No amount needs to be entered if only one account is used. Please furnish a voided check or savings deposit slip (or a copy). **IF YOU PROVIDE THE YMCA WITH A DEPOSIT TICKET FROM THE BANK, PLEASE MAKE SURE TO INCLUDE THE BANK ROUTING NUMBER ON THE DIRECT DEPOSIT FORM.**

BANK #1

Name: _____ City: _____

Account #: _____ Checking Savings

Bank Routing #: _____ Deposit Amount: \$ _____

BANK #2

Name: _____ City: _____

Account #: _____ Checking Savings

Bank Routing #: _____ Deposit Amount: \$ _____ BALANCE

DIRECT DEPOSIT AGREEMENT

As an employee of the YMCA of Greater Louisville, I agree to have my paycheck electronically deposited to the bank(s) as indicated above. **This information may be changed by me at any time in the future with a new form signed and submitted to the Association Services Office at least 14 calendar days prior to the next pay date.** I realize it is my responsibility to notify the YMCA of any changes in my banking information. In addition, I authorize the YMCA to recover any erroneous deposits from my account(s), should they occur.

In the event my bank account is closed for any reason, I understand that I must provide a new Direct Deposit form or submit a form authorizing the YMCA to deposit my pay onto a Total Pay card. I understand that my direct deposit will not be stopped until one of the two requirements has been met.

Signature: _____ Date: _____

TAPE VOIDED CHECK
PLEASE DO NOT STAPLE