



**OVG Facilities DIRECT DEPOSIT
AUTHORIZATION**

Account Type

____ Checking Account # _____

____ Savings Account # _____

Account Title

Banking Institution

Bank Transit/ABA Number

Employee Name: _____ Date: _____

Social Security # _____

Employee Signature: _____ Date: _____

Account Co-Owners Signature: _____ Date: _____

[For Joint Account only]

Note: Please attach a voided check to this form.

Direct Deposit of net paychecks will commence on the second pay following receipt of this form and continue until your authorization to stop is receive in writing.