



BEHAVIORAL HEALTH NETWORK

Direct Deposit Election Form

Fax completed form to Payroll: 413-209-3175

This form will serve to direct both your payroll funds and your expense reimbursements (e.g.-mileage, expense requests, etc.) to the Financial Institution you identify below. Complete and sign this form. If possible, please attach a voided check or a printed document from your bank verifying your Routing & Account numbers. If no printed account information is provided, then your direct deposit will be effective on the 2nd payroll after receipt of this form.

Employee Name _____

Program/Department _____

Check one: Add Account(s) Change Account(s) Stop Account(s)

I authorize Behavioral Health Network and the financial institution(s) listed below to deposit my pay automatically as follows:

ACCOUNT INFORMATION:

Credit to: Checking Savings

Bank/C.U. Name: _____ Bank/C.U. Account No. _____

Bank/C.U. Routing No. _____ \$ _____ or _____ %
Please complete only dollar amounts or percentages and ensure that amounts total correctly.

Credit to: Checking Savings

Bank/C.U. Name: _____ Bank/C.U. Account No. _____

Bank/C.U. Routing No. _____ \$ _____ or _____ %
Please complete only dollar amounts or percentages and ensure that amounts total correctly.

Credit to: Checking Savings

Bank/C.U. Name: _____ Bank/C.U. Account No. _____

Bank/C.U. Routing No. _____ \$ _____ or _____ %
Please complete only dollar amounts or percentages and ensure that amounts total correctly.

NOTE: NOTIFY THE PAYROLL DEPARTMENT IMMEDIATELY IN THE EVENT OF A CHANGE OR CANCELLATION OF YOUR BANK ACCOUNT.

This authority is to remain in full force and effect until BHN Payroll has received written notification from me of its termination in such time and in such manner as to afford BHN Payroll a reasonable opportunity to act on it.

CHECK ONE:

- I understand that my first paycheck will be Direct Deposit since I have provided printed documents.
- I understand that my first live check will be mailed to my home address as listed in my personnel file.

Signature: _____

Date: _____