We are pleased to be able to offer you a new reimbursement convenience – *Direct Deposit.* Now you can have your reimbursement automatically deposited in your checking or savings account. And you don't have to change your present banking relationship to take advantage of this service.

***Direct Deposit* will help you in many ways.**

- It saves trips to your financial institution
- It saves time in depositing checks – no long payday lines to wait in.
- It eliminates the possibility of lost, stolen or forged checks.
- Your money is deposited faster – reduces the possibility of overdrafts.
- It means you get your money deposited to your account even if you're on vacation or away from the office on business or illness.

Here's how *Direct Deposit* works:

When the Rotary Treasurer receives your expense reimbursement form, he/she will transfer the amount due to the account you list below. The amount of the deposit will appear on your bank statement.

We believe you will like the added convenience of having your expense reimbursement automatically deposited for you. *Direct Deposit* is safe, convenient and easy.

To take advantage of this service, complete the attached authorization form and return it to the Payroll Department.

Direct Deposit Authorization Form

The authorization form provided below, gives Rotary Club of Northfield and your financial institution authority to deposit your reimbursement to your account.
Simply complete the form in order to take advantage of Direct Deposit.

All you need to do is:

1. Mark the box before type of account to indicate whether your pay will be deposited in your checking or savings account.
2. Fill in your name, financial institution name and location, and date.
3. Attach a voided check for verification of all financial institution information. If you are unable to attach the voided check, please fill in your account number.

NOTE: Be sure to sign the form!

MEMBER'S AUTHORIZATION – Please fill out and return to the Club Treasurer.

STAPLE VOIDED CHECK HERE

I authorize you and the financial institution listed below to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my:

☐ checking account ☐ savings account

each payday. This authority will remain in effect until I have cancelled it in writing.

_____
Date

_____
FINANCIAL INSTITUTION

_____
NAME (PLEASE PRINT)

_____
BRANCH

_____
ACCOUNT NUMBER AT FINANCIAL INSTITUTION

_____
CITY STATE

_____
SIGNATURE

TRANSIT ROUTING NUMBER

⑆ | | | | | | | | | ⑆
ABA

ACCOUNT NUMBER INFORMATION