



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Direct Deposit Authorization for Metropolitan YMCA of the Oranges

Please fill out and return to: Jessica Mateo, Association Services
P: 973 758-9622x113 F: 973 535-1478
jmateo@metroymcas.org

Direct Deposit Payroll Authorization:

I authorize the Metropolitan YMCA's of the Oranges and the bank listed below to deposit my net pay automatically to my account (s) each payday. If funds to which I am not entitled are deposited to my account (s), I authorize you to direct the bank to return said funds. This authority will remain in effect until I have cancelled it in writing.

Employee Name: _____ Branch: _____

Best way to contact me: Phone: () _____

Email: _____

Employee Signature _____ Date: _____

I would like to decline Direct Deposit _____

Please attach one of the following for your bank documentation:

- VOIDED CHECK
- DEPOSIT SLIP (Only accepted if the verbiage "ACH R/T" appears before the routing #)
- BANK LETTER OR SPECIFICATION SHEET (Available at your bank)

Please Select:

- New Account Change Existing Account Adding additional account

Bank #1:	Bank #2:
Bank Name: _____ Account Type Circle one: Savings Checking	Bank Name: _____ Account Type Circle one: Savings Checking
Deposit: _____ Remainder of Net Pay _____ % of Net Pay \$ _____ Specific Dollar Amount	Deposit: _____ Remainder of Net Pay _____ % of Net Pay \$ _____ Specific Dollar Amount
Routing #: _____ Account #: _____	Routing #: _____ Account #: _____