STATEWIDE PAYROLL AND HUMAN RESOURCE SYSTEM AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I hereby authorize the MS State Department of Health to initiate credit entries to my account.

EMPLOYEE SIGNATURE		ACTION:	A-ADD	M-MODIFY	P-PURGE	(Circle One)
ABA TRANSIT ROUTING NUMBER: ACCOUNT NUMBER: ACCOUNT TYPE: CHECKING OR SAVINGS (Circle One) DEPOSITORY NAME: authority shall remain in full force and effect until the MS State Department of Health has received in the force of us of its termination in such time and in such manner as to afford a reasonable opportunity to act on it. EMPLOYEE PRINT NAME: EMPLOYEE SIGNATURE CONTRACT WORKER		AGENCY 1	NUMBER:	0301		
ACCOUNT NUMBER: ACCOUNT TYPE: CHECKING OR SAVINGS (Circle One) DEPOSITORY NAME: authority shall remain in full force and effect until the MS State Department of Health has receive action from me (or either of us) of its termination in such time and in such manner as to afford rement of Health and the depository a reasonable opportunity to act on it. EMPLOYEE PRINT NAME: EMPLOYEE SIGNATURE CONTRACT WORKER Yes No ATTACH COPY, VOIDED CHECK OR COPY OF SAVINGS ACCOUNT CARD Jane Doe 1000 Main Street Anywhere USA 10001 Pay to the Order of Dollars		SOCIAL SE	ECURITY N	UMBER:		
ACCOUNT TYPE: CHECKING OR SAVINGS (Circle One) DEPOSITORY NAME: authority shall remain in full force and effect until the MS State Department of Health has receive action from me (or either of us) of its termination in such time and in such manner as to afford rement of Health and the depository a reasonable opportunity to act on it. EMPLOYEE PRINT NAME: EMPLOYEE SIGNATURE CONTRACT WORKER		ABA TRAN	ISIT ROUTI	NG NUMBER:		
DEPOSITORY NAME: authority shall remain in full force and effect until the MS State Department of Health has received in the content of the		ACCOUNT	Г NUMBER:			
authority shall remain in full force and effect until the MS State Department of Health has receivation from me (or either of us) of its termination in such time and in such manner as to afford rement of Health and the depository a reasonable opportunity to act on it. EMPLOYEE PRINT NAME:		ACCOUNT	Т ТҮРЕ:	CHECKING	OR SAVINGS	(Circle One)
cation from me (or either of us) of its termination in such time and in such manner as to afford retirent of Health and the depository a reasonable opportunity to act on it. EMPLOYEE PRINT NAME: EMPLOYEE SIGNATURE CONTRACT WORKER Yes No ATTACH COPY, VOIDED CHECK OR COPY OF SAVINGS ACCOUNT CARD Jane Doe 1000 Main Street Anywhere USA 10001 Date: Pay to the Order of Dollars		DEPOSITO	ORY NAME:	·		_
EMPLOYEE SIGNATURE CONTRACT WORKER Yes No ATTACH COPY, VOIDED CHECK OR COPY OF SAVINGS ACCOUNT CARD Jane Doe 1000 Main Street Anywhere USA 10001 Pay to the Order of	cation from me (or treatth	or either of us and the depo) of its termin sitory a reaso	nation in such tin onable opportunit	ne and in such m y to act on it.	anner as to afford the M
CONTRACT WORKER	EMDI OVEL	CICNIATUE				Office Telephone
Jane Doe 1000 Main Street Anywhere USA 10001 Pay to the Order of\$ Dollars				Yes No)	Date
1000 Main Street Anywhere USA 10001 Pay to the Order of\$ Dollars	ATTACH COP	Y, VOIDED (CHECK OR (COPY OF SAVIN	GS ACCOUNT (CARD
Anywhere USA 10001 Date: Pay to the Order of \$ Dollars	2					0000
Order of\$ Dollars					Date:	
	11					\$
For						Dollars
						Donais
	For					Bonars
	r	J				JANCE & ACCOUNTS