|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Name:** |  | **Employee Number:** |  |

**Instructions:**

1. Authorizations received by noon on Thursday of a non-pay week will be processed on the subsequent pay check.
2. Each employee **must** have one Balance of Net Pay account and the remaining accounts may be any combination of Savings or Checking accounts with a flat amount or percentage amount specified.
3. If multiple accounts, they will be processed in the following order: flat amount, percentage amount and net pay.
4. To ensure correct deposit, please complete ALL applicable boxes (include additional forms, if needed).
   * Current account changes-No backup required.
   * Current account changes-If only changing a flat amount or percentage amount, use box #2.
   * New account- Attach a copy of your bank card showing your name, account number and routing number; bank letterhead form with your name, account number and routing number or a voided check. Direct deposit slips are not acceptable.

**Please deposit the Balance of Net Pay to the following account:**

|  |  |  |  |
| --- | --- | --- | --- |
| Bank Name: |  | | |
| Checking  Savings | Balance of Net Pay | ROUTING NUMBER | ACCOUNT NUMBER |
|  |  |

**Please deposit a flat amount or percentage amount to the following account:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Bank Name: |  | | | |
| Checking  Savings | $       % | Flat Amount  Percentage Amount | ROUTING NUMBER | ACCOUNT NUMBER |
|  |  |

**Please cancel the following account:**

|  |  |  |  |
| --- | --- | --- | --- |
| Bank Name: |  | | |
| Checking  Savings | Balance of Net Pay  Flat Amount  Percentage Amount | ROUTING NUMBER | ACCOUNT NUMBER |
|  |  |

**I Understand and Authorize the following:**

* I have an account at the Financial Institution(s) designated above. Until further notice you are hereby authorized, on each regularly stated pay date, to deposit to account(s) specified.
* Energy Northwest accepts no responsibility of the financial institutions in depositing timely or to the correct account.
* I authorize, Energy Northwest, to make any withdrawals directly from my account or accounts as necessary to correct any incorrect deposit by the Company.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Signature:** |  |  | **Date:** |  |

**Return Form to Payroll at MD PE90 or Email to: PAYROLL@energy-northwest.com**