

**DIRECT DEPOSIT OF PAYROLL  
Authorization Agreement**

I hereby authorize GMS to make payment of any net pay owing me for direct deposit of payroll to the bank indicated below and authorize the bank to credit such amounts to my:

Indicate type of account (check one)       checking       savings       HSA

Bank Name:	Address:
Routing #:	City, State, Zip Code
Account #:	Amount: _____ % or \$ _____

This authorization is to remain in full force and effective until GMS has received written notification from me of its termination in such time and manner as to afford GMS and the bank a reasonable opportunity to act on it.

Name:	Program:
Signature:	Date:
Phone:	

Staple your voided check or MICR-specification sheet here.
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