



IBEW LOCAL UNION 595

6250 Village Parkway
Dublin, CA 94568

Direct Deposit Authorization

Employee:

Identification No.: _____ Social Security No.: _____

Bank Name and Branch: _____

Account No.: _____

_____ I hereby request and authorize the sum of \$_____ to be deducted from my paycheck each pay period and to be deposited directly into the bank account named above.

_____ I hereby cancel the authorization for direct deposit or payroll deduction deposit previously submitted.

Employee

Date

Please attach a voided check.