



DIRECT DEPOSIT AUTHORIZATION

Employer: Weidner Center Presents, Inc.

Email form to: **pincharc@uwgb.edu**

Please print and complete ALL the information below.

Name: _____

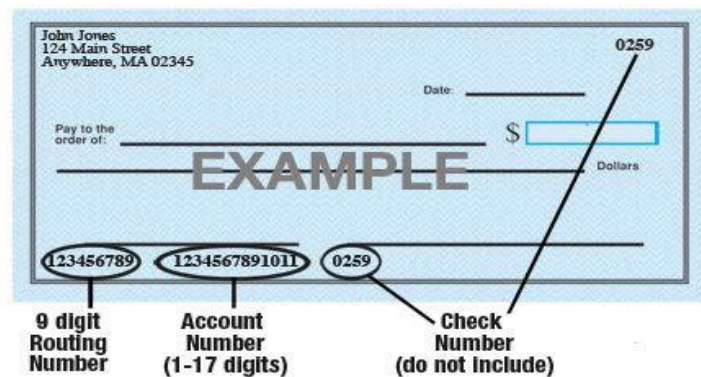
Address: _____

City, State, Zip: _____

Cell Phone: _____

Home Phone: _____

Email: _____



Name of Bank: _____

Account #: _____

9-Digit Routing #: _____

Type of Account (Check One): Checking Savings

Weidner Center Presents, Inc. (WCPI) is hereby authorized to directly deposit my pay to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Employee's Signature: _____

Date: _____

I prefer to receive standard paper payroll checks mailed to the address listed above.
It is the employee's responsibility to notify WCPI of any address changes to avoid delays in receiving payment.