

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

EMPLOYEE NAME:		EMPLOYEE ID	NUMBER:
Pı	rint (Last, First Name, MI)		
☐ Start depositing my net pay	per paycheck as indicated	below	
Change my current direct de inactivate all previous deposits i			listed will be changed, 1* this will interim)
Add to my current direct dep	posit option already in forc	e as indicated below (a	ll other accounts remain active)
☐ Cancel my current direct de	posit option listed below (o	others remain active)	
Cancel ALL direct deposit of	pptions		
Primary Account:	☐ Balance	(All Net Pay or rem secondary account)	
BANK NAME:			BRANCH
CITY		STATE	ZIP
ROUTING NUMBER ^{2*}	_	ACCOUNT NO.	
ACCOUNT TYPE:	Checking	Savings	-
	_	☐ Money Market	3*
Secondary Account:	☐ Fixed Amoun	nt	<u> </u>
DEPOSITORY NAME:			BRANCH
CITY		STATE	ZIP
ROUTING NUMBER ^{2*}		ACCOUNT NO.	_
ACCOUNT TYPE	Checking	Savings	
	_	Money Market	3*
credit entries in error to my according This authority is to remain in full	ounts listed above. I force until McKesson has	s received written notifi	debit entries and adjustments for any ication from me of its termination in ove a reasonable opportunity to act on it.
Employee's Signature			Date
1* It may take up to 1 pay period	for Payroll to process a Di	rect Deposit Authoriza	tion.
	• •		eding your account number. If you
are unsure about the routing n	• 1		•
3* For Money Market Accounts,	•	*	_
4* PLEASE NOTE: You must l		k direct deposited or A	All in the form of a check
(No Partial Direct Deposits A	*		
 ATTACH A VOIDED CHEC 	${f CK}$ (for checking) OR A ${f CK}$	VOIDED DEPOSIT S	SLIP (for savings) TO THIS FORM

^{*} Note you may also enter your direct deposit information online by using McKNet> My Life and Career> Pay and Rewards> Payroll& Taxes> View and change your Direct Deposit Info*