



**Thomas Memorial Hospital 4605  
MacCorkle Ave SW South  
Charleston, WV 25309**

## Employees Direct Deposit Authorization

I authorize you and the financial institution listed below to initiate electronic credit entries, and if necessary , debit entries and adjustments for a credit entries in error to my accounts.

Signature Date

**Employee No.**

(5 DIGITS)

**Name**

(PLEASE PRINT)

Account No. Description

Financial Institution

**Branch**

City / State / Zip

**SELECT ONE ACCOUNT ONLY -SAVINGS OR CHECKING**

XXXXXXXXXXXXXXXXXXXX OR XXXXXX **Employee's Checking Account Number Employee's Savings Account Number**

XXXXXXXXXX **Bank Transit Routing Number**

You may attach a copy of your deposit ticket or a voided check. It is not required