



State YMCA of Michigan

Hayo-Went-Ha Camps

Ph#(231) 544-5915 Fax (231) 544-2916

Payroll Direct Deposit Form

I, _____
Employee Name (please print)

Authorize the State YMCA of Michigan to deposit my paycheck with the financial institution of my choosing.


I also authorize the YMCA, if necessary, to initiate debit and/or adjustment entries to my account at said financial institution for any credit entries transmitted in error. This authorization for direct deposit of my pay shall remain in full force and effect until written notification of termination has been received from me.

Please deposit to the following account/s:



Institution Name: _____

Routing Number: _____

Checking
Account # 

Savings
Account # 

Employee Signature: 

Date:  _____