



**Price Enterprises, Inc.
Direct Deposit Authorization**

Effective Date	Employee First Name	Employee Last Name
Home Address (Street, City, State, Zip Code)		

I wish to have my employer deposit my net pay each payday directly to my account(s) as indicated. I agree to notify my employer immediately of any changes to the information so that my pay be properly distributed. I understand that in the event my employer notifies my financial institution that I am not entitled to the funds deposited to my account, my bank is authorized to debit my account for the amount of adjustment.

Employee Signature Date

Deposit net pay to:	Deposit Fixed Amt \$ _____
Name of Financial Institution	Name of Financial Institution
Account Number	Account Number
Routing Number	Routing Number
Circle Type of Account	Circle Type of Account
Checking / Savings	Checking / Savings

Please attach a voided check. Deposit Slips can NOT be used.