

---

## DIRECT DEPOSIT AUTHORIZATION FORM

---

EMPLOYEE NAME: \_\_\_\_\_ EFFECTIVE DATE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

---

### DIRECT DEPOSIT #1

BANK NAME: \_\_\_\_\_ BANK ROUTING NUMBER: \_\_\_\_\_

BANK ACCOUNT NUMBER: \_\_\_\_\_ ACCOUNT TYPE:  CHECKING

SELECT ONE METHOD:  SAVINGS

1. Percent of Net Pay: \_\_\_\_\_ %

2. Fixed Amount per Check: \_\_\_\_\_

3. Balance of Net Pay with Minimum Check of: \_\_\_\_\_

YEARLY LIMIT: \_\_\_\_\_

---

### DIRECT DEPOSIT #2

BANK NAME: \_\_\_\_\_ BANK ROUTING NUMBER: \_\_\_\_\_

BANK ACCOUNT NUMBER: \_\_\_\_\_ ACCOUNT TYPE:  CHECKING

SELECT ONE METHOD:  SAVINGS

1. Percent of Net Pay: \_\_\_\_\_ %

2. Fixed Amount per Check: \_\_\_\_\_

3. Balance of Net Pay with Minimum Check of: \_\_\_\_\_

YEARLY LIMIT: \_\_\_\_\_

---

### DIRECT DEPOSIT #3

BANK NAME: \_\_\_\_\_ BANK ROUTING NUMBER: \_\_\_\_\_

BANK ACCOUNT NUMBER: \_\_\_\_\_ ACCOUNT TYPE:  CHECKING

SELECT ONE METHOD:  SAVINGS

1. Percent of Net Pay: \_\_\_\_\_ %

2. Fixed Amount per Check: \_\_\_\_\_

3. Balance of Net Pay with Minimum Check of: \_\_\_\_\_

YEARLY LIMIT: \_\_\_\_\_

---

I authorize ELECTRIC COMPANY OF OMAHA to initiate accounting transactions to deposit my employee pay directly into the account(s) indicated above and to correct any errors which may occur from these transactions. I also authorize the Financial Institution to post these transactions to these accounts. This authorization is to remain in force until ELECTRIC COMPANY OF OMAHA receives written notice from me to cancel or change this authorization.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date