

# Direct Deposit

(Mandatory for all Federal Employees)

## Authorization Agreement for Automatic Deposit of VA Salary

**\*\*\*Please attach voided/canceled check (No Deposit Slips)\*\*\***

Employee Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Service Assigned \_\_\_\_\_

Work Phone Number/Pager \_\_\_\_\_

Financial Institution Name \_\_\_\_\_

Routing Transit Number \_\_\_\_\_ (9 digits)

Account Number \_\_\_\_\_

Account Type      Checking or Savings    (Circle one)

## Financial Allotment

Employee Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Service Assigned \_\_\_\_\_

Work Phone Number/Pager \_\_\_\_\_

Financial Institution Name \_\_\_\_\_

Routing Transit Number \_\_\_\_\_ (9 digits)

Account Number \_\_\_\_\_

Account Type      Checking or Savings    (Circle one)

Deduction Amount per Pay Period \_\_\_\_\_

I hereby authorize automatic electronic deposit to my checking/savings account(s) listed above.

**I am required to make all changes electronically through:**

MyPay at [www.mypay.gov](http://www.mypay.gov).

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

\_\_\_\_\_  
Date