LEGACY HEALTH
AUTOMATIC PAYROLL DEPOSIT

This form is intended for the use of signing up for direct deposit or to make a change to an existing direct deposit authorization.

As a Legacy employee, you can have your paycheck automatically deposited into your bank checking and/or savings account. When using direct deposit, you will receive an earnings statement which will reflect your gross pay, deductions, benefits and net pay. **Please allow 2 pay periods for the deposit to be in effect.**

PLEASE NOTE: When making a change in your bank or account number it will result in having a REAL CHECK for ONE pay period.

This authorization is for:

◯ **New** ◯ **Change** ◯ **Cancellation (see bottom)**

☐ ****GO GREEN**** Please check here if you would like to receive your pay check statement (paperless) via MyPay. You will receive an email at your LHS.org email when your pay stubs are available for viewing at https://mypay.lhs.org. **Any questions, please call Payroll, 503-415-5400 or extension 55400.**

Name:	Phone:	Employee #: ***new hires receive this at orientation**
Signature:		Date:

PRIMARY (total NET pay)

I authorize Legacy Health to deposit my NET pay to my:

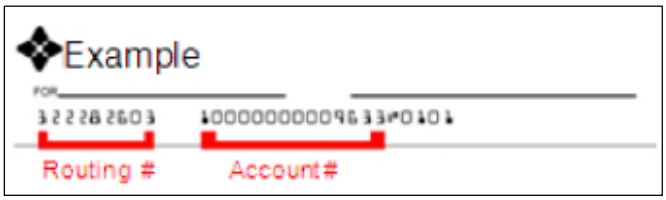
☐ Checking ☐ Savings account at _____

(*financial institution*)

Please attach a **VOIDED** check and provide routing/account numbers below.

9-Digit Routing Numbers (see below for sample)

Account numbers (see below for sample)



Cancellation: ☐ I wish to terminate my primary account.