



**GOVERNMENT OF GUAM**  
 (GUBETNOMENTON GUAHAN)  
**DEPARTMENT OF ADMINISTRATION**  
 (DIPATTAMENTON ATMENESTRASION)  
**PAYROLL SECTION**  
 (SEKSION SUETO)  
 Post Office Box 884; Hagåtña, Guam 96932  
 Tel: (671) 475-1195/1268 ~ Fax: (671) 472-9794



**AUTHORIZATION AGREEMENT FOR AUTOMATIC (DIRECT) DEPOSIT**

|                                   |       |                               |  |
|-----------------------------------|-------|-------------------------------|--|
| <b>EMPLOYEE'S NAME</b>            |       | <b>SOCIAL SECURITY NUMBER</b> |  |
| LAST, FIRST, MI                   |       |                               |  |
| <b>MAILING ADDRESS</b>            |       | <b>DEPT / AGENCY</b>          |  |
| PO / ST NAME, CITY, STATE, ZIP    |       |                               |  |
| <b>EMPLOYEE'S CONTACT NUMBERS</b> |       | <b>DEPT. NO.</b>              |  |
| WORK:                             | HOME: |                               |  |

PLEASE CHECK ONE BOX ONLY:

- NEW ACCOUNT     
  CHANGE ACCOUNT     
  CANCEL ACCOUNT

| PAYROLL DIRECT DEPOSIT INFORMATION - ACTIVATION                                  |                      |                                    |           |                |
|--|----------------------|------------------------------------|-----------|----------------|
| Depository Type  | Depository Bank Name | ABA Routing No.                    | Account # | Amount         |
| <input checked="" type="checkbox"/> Checking<br><input type="checkbox"/> Savings | SAMPLE BANK          | Always 9 digits<br>:  123456789  : | 000386XXX | Net Pay Amount |
| <input type="checkbox"/> Checking<br><input type="checkbox"/> Savings            |                      |                                    |           | Net Pay Amount |

The ROUTING NUMBER can be obtained from your financial institution and in most cases it's printed on your check. Incorrect routing number may delay your funds being available to you on the check date.

I hereby authorize the Department of Administration, Payroll Section, to TRANSACT the above effective pay period ending:

| FOR PAYROLL SECTION USE ONLY |  |
|------------------------------|--|
| RECEIVED BY:                 |  |
| DATE RECEIVED:               |  |
| PROCESSED BY:                |  |
| DATE PROCESSED:              |  |

\_\_\_\_\_  
 Bank Verification Signature / Date