



# Authorization of Direct Deposit

I authorize the National Railroad Passenger Corporation and the bank(s) indicated below to deposit my pay automatically into my account(s) each payday. If monies to which I am not entitled are deposited into my account, I authorize my employer to direct the bank to return said funds.

I certify that my name appears on the account(s) into which I have requested my pay to be deposited. This authority will remain in effect until I have cancelled it in writing via the Cancellation of Deposit form, NRPC 2031 or by filling out a new form for direct deposit that automatically cancels previous requests.

If I have designated amount to a secondary account, Amtrak funds this amount first with the remaining money going to my primary account. If net pay is less than my designated amount only my secondary account will be funded.

**All fields below must be completed to process request.**

## Employee Information

Employee Name		Department	
Email Address			
Employee ID No.	Primary Telephone Number	Secondary Telephone Number	
Employee's Signature			Date

## Primary Bank Information

Bank Name	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
City, State	
Customer Account Number	Bank Routing Number

**For Checking Account, please attach a voided check. Your request for direct deposit into a checking account will be denied if a voided check is not provided. For Savings Account, we require proof of account number from your bank; please attach a document containing the bank's name and your account number.**

## Secondary Bank Information

Bank Name	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
City, State	
Customer Account Number	Bank Routing Number
Designated Amount:	\$

Complete and **sign** this form and return, fax or scan the form and required banking information to:

Corporate Payroll Operations  
1 Massachusetts Avenue, NW 3<sup>rd</sup> Floor  
Washington, DC 20001  
FAX 202-906-4617  
[Payroll@amtrak.com](mailto:Payroll@amtrak.com)