



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 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.

Employee Information

Employee Name		Department	
Employee ID No.	Work Telephone Number	Home Telephone Number	
Employee 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.

Secondary Bank Information

Bank Name JERSEY CENTRAL F.C.U.	<input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings
City, State P.O. BOX 661, CRANFORD, NJ 07016	
Customer Account Number	Bank Routing Number 221275177
Designated Amount \$	Please circle one (Bi-Weekly / Weekly)

Complete and **sign** this form and return or fax to:

**Jersey Central F.C.U.
P.O. Box 661
Cranford, NJ 07016
Fax: (908) 272-6029**

**Corporate Payroll Operations
10 G Street, NE 3W-132
Washington, DC 20002
(202) 906-4617**