

**Direct Deposit**

Employee Name: Date:

Checking

Please check the appropriate box.

New [ ]  Add [ ]  Change [ ]  Stop [ ]

1. Bank # (Routing): FULL [ ]

Checking Account #: $

1. Bank # (Routing): FULL [ ]

Checking Account #: $

1. Bank # (Routing): FULL [ ]

Checking Account #: $

NOTE: Please attach a voiced check to ensure proper routing of your deposit.

Savings

Please check the appropriate box.

New [ ]  Add [ ]  Change [ ]  Stop [ ]

1. Bank # (Routing): FULL [ ]

Savings Account #: $

1. Bank # (Routing): FULL [ ]

Savings Account #: $

1. Bank # (Routing): FULL [ ]

Savings Account #: $

Employee Signature: