

**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: