



Direct Deposit

Employee Name: _____ Date: _____

Checking

Please check the appropriate box.

New Add Change Stop

1. Bank # (Routing): _____
FULL
Checking Account #: _____ \$ _____

2. Bank # (Routing): _____
FULL
Checking Account #: _____ \$ _____

3. Bank # (Routing): _____
FULL
Checking Account #: _____ \$ _____

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

Savings

Please check the appropriate box.

New Add Change Stop

1. Bank # (Routing): _____
FULL
Savings Account #: _____ \$ _____

2. Bank # (Routing): _____
FULL
Savings Account #: _____ \$ _____

3. Bank # (Routing): _____
FULL
Savings Account #: _____ \$ _____

Employee Signature: _____