

DIRECT DEPOSIT FORM

Employee Name: _____

Social Security #: _____ Location: _____

Effective Date: _____

Type of Enrollment:

- _____ New
- _____ Change
- _____ No Direct Deposit at this time
- _____ Continuation

Financial Institution	Nine-Digit Routing #	Account #	(S)Savings (C)Checking	Amount	Percent
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

I authorize my salary payment to be sent to the financial institution named above to be deposited into the account identified above.

Signature: _____ Date: _____

I do not elect to have direct deposit at this time.

Signature: _____ Date: _____

Please attach a preprinted check and/or an account deposit slip here.
It should be clearly marked **“VOID”**.
The preprinted information must include the financial Institution’s routing number and account number.