



# EMPLOYEE DIRECT DEPOSIT

Please print legibly and complete all sections of this form. Failure to do so could cause this

Employee Name: \_\_\_\_\_

**Voided Check,**  
**If voided check is not**  
**available please provide Direct Deposit Letter from**  
**your financial institution**

Form to be returned to you, thus delaying your direct deposit.

## Financial Institution Information

The amounts must equal 100% of your net pay.

Bank Name: _____	Bank Name: _____
City: _____ State: _____	City: _____ State: _____
Account #: _____	Account #: _____
Routing #: _____	Routing #: _____
This is a: <input type="checkbox"/> CHECKING account <input type="checkbox"/> SAVINGS account	This is a: <input type="checkbox"/> CHECKING account <input type="checkbox"/> SAVINGS account
Amount: _____	Amount: _____

**Note:**

1. If this form is a change in your current direct deposit, you may receive one or two paper checks while your new information is being processed.
2. Employee's name **must** be listed as a signer on accounts.
3. Changes to accounts must be made **8** business days prior to payroll date, in order to be activated.
4. Please attach **VOIDED** check or **Letter of Direct Deposit** to this form.

**Signature of Employee:** \_\_\_\_\_

**Date:** \_\_\_\_\_