

Direct Deposit

Fax to: 1-866-353-3404

(Please fax with a copy of a voided check)



Instructions:

1. Complete each line below. Please print in ink.
2. For direct deposit to your checking, **attach a voided check.**
3. For direct deposit to savings, **provide documentation from your bank.**
4. **Employee signature is required for all requests.**

New Applicant Change Current Information Cancel My Direct Deposit Decline

Checking Full Amount of Check
 Savings _____% of Check
 Flat Dollar Amount \$ _____

Last 4 Digits of Social Security #:

Employee Name: _____

**Your name must be on the account to have a deposit.*

Bank Name: _____

Bank Location (City/State) _____

Bank Telephone #: (____) _____ - _____

Bank Account #: _____ Routing #:

Print Name: _____

Signature: _____ Date: _____

Checking Full Amount of Check
 Savings _____% of Check
 Flat Dollar Amount \$ _____

Last 4 Digits of Social Security #:

Employee Name: _____

**Your name must be on the account to have a deposit.*

Bank Name: _____

Bank Location (City/State) _____

Bank Telephone #: (____) _____ - _____

Bank Account #: _____ Routing #:

Print Name: _____

Signature: _____ Date: _____

A copy of a voided check must be provided to begin direct deposit.

Important Points to Remember:

- Direct Deposit will begin with the **second** payroll processing after receipt of this form.
- You will continue to receive a pay stub showing deposit amount and tax withholding information.
- This authorization may be terminated only by written request submitted to the Payroll Department.