



**DIRECT DEPOSIT FORM**

DATE \_\_\_\_\_

I \_\_\_\_\_ wish to participate in the direct deposit of my payroll checks beginning \_\_\_\_\_.

1. BANK NAME \_\_\_\_\_

BANK  
ROUTING NO. \_\_\_\_\_

YOUR  
ACCOUNT NO. \_\_\_\_\_

CHECK ONE: CHECKING \_\_\_\_\_ SAVINGS \_\_\_\_\_ DOLLAR AMOUNT \$ \_\_\_\_\_  
TO BE DEPOSITED

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2. BANK NAME \_\_\_\_\_

BANK  
ROUTING NO. \_\_\_\_\_

YOUR  
ACCOUNT NO. \_\_\_\_\_

CHECK ONE: CHECKING \_\_\_\_\_ SAVINGS \_\_\_\_\_ DOLLAR AMOUNT \$ \_\_\_\_\_  
TO BE DEPOSITED

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3. BANK NAME \_\_\_\_\_

BANK  
ROUTING NO. \_\_\_\_\_

YOUR  
ACCOUNT NO. \_\_\_\_\_

CHECK ONE: CHECKING \_\_\_\_\_ SAVINGS \_\_\_\_\_

Signature \_\_\_\_\_

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Please attach a voided check or a photocopy of your check for each checking account.

**DEPOSIT TICKETS ARE NOT ACCEPTABLE**

**IF A COPY OF YOUR CHECK IS NOT ATTACHED**  
**PLEASE ALLOW ONE PAY PERIOD FOR A PRE-RUN TO BE DONE. THANK YOU.**