DIRECT DEPOSIT

SIGN-UP/FORM CHANGE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 EMPLOYEE NAME (PRINT) SOCIAL SECURITY NUMBER

 CHECKING ACCOUNT \_\_\_\_\_\_\_

 OR

 SAVING ACCOUNT\_\_\_\_\_\_\_\_\_\_

I HEREBY AUTHORIZE MY EMPLOYER TO DEPOSIT PAYROLL TO MY ACCOUNT. I ALSO UNDERSTAND THAT I MAY ONLY USE ONE ACCOUNT WHETHER IT BE CHECKING OR SAVINGS. ATTACHED IS A **VOIDED CHECK** FOR THE CHECKING ACCOUNT OR A DEPOSIT SLIP FOR THE SAVINGS ACCOUNT DESIGNATED ABOVE.

 BEGIN MY DIRECT DEPOSIT \_\_\_\_\_\_\_\_\_\_\_\_

 CANCEL MY DIRECT DEPOSIT \_\_\_\_\_\_\_\_\_\_\_\_

 CHANGE MY INFORMATION \_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 EMPLOYEE SIGNATURE DATE

 ATTACH VOIDED CHECK HERE