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