

EMPLOYEE DIRECT DEPOSIT

Complete the below to set up your Direct Deposit. Please be sure to attach sample voided checks or printouts from your bank. Please ensure that you sign the form at the bottom

EMPLOYEE INFORMATION

First Name		Last Name	
Street, City and Zip			
Phone		Email	

DIRECT DEPOSIT ACCOUNT (S) SET-UP

#1 DIRECT DEPOSIT SEQUENCE

New Change Cancel

Routing Number		Bank Name	
Account Type	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Account #	
Deposit Rule	<input type="checkbox"/> Available balance <input type="checkbox"/> Percent Amount ____% <input type="checkbox"/> Dollar Amount \$ _____		

#2 DIRECT DEPOSIT SEQUENCE

New Change Cancel

Routing Number		Bank Name	
Account Type	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Account #	
Deposit Rule	<input type="checkbox"/> Available balance <input type="checkbox"/> Percent Amount ____% <input type="checkbox"/> Dollar Amount \$ _____		

#3 DIRECT DEPOSIT SEQUENCE

New Change Cancel

Routing Number		Bank Name	
Account Type	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Account #	
Deposit Rule	<input type="checkbox"/> Available balance <input type="checkbox"/> Percent Amount ____% <input type="checkbox"/> Dollar Amount \$ _____		

Employee Signature		Date	
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