

DIRECT DEPOSIT FORM

Return to Human Resources

2E – WESTERN AVENUE

New

Change

Printed Name: _____

Social Security Number: _____

Name on Account: _____

Name of Financial Institution: _____

Address of Financial Institution: _____

Account Type (Checking/Savings): _____

Account Number: _____

Routing Number: _____

This direction will remain in effect until I give written notice of any change.

If you would like to direct deposit into more than one account please provide the following for your second account: account number, routing number, a flat dollar amount you would like put into your second account.

Signature _____

Date _____