

DIRECT DEPOSIT ACCOUNT SET UP FORM

Employee Name:		Last 4 SSN:	
THE FOLLOWING INFORMATION IS REQUIRED IN OR	DER TO COMPLETE YOU	IR REQUEST:	
1. Indicate whether your pay will be deposited into your checking or savings account.			
2. If more than one account, select either Availa	ole Amount (Net Pay), L	Dollar Amount (indicate amount to	
deposit), or Percent Amount (indicate percent	age of pay to deposit).		
3. Attach a voided check(s) or printout(s) from your bank(s).			
Set-up typically takes one or two payroll cycles to process. Do not consider your direct deposit set-up complete until			
you have personally confirmed it with your bank.			
Direct Deposit Sequence Number 1 Ne	w Change	Cancel	
Bank Name:			
	-		
Routing Number:	Account Number:		-
Account Type: Checking Savings			
, resource types			
Deposit Amount (choose one):			
Available Amount(Net Pay)	llar Amount \$	Percent Amount	_%
Direct Deposit Sequence Number 2	w Change	Cancel	
Bank Name:	_		
Double Alumban	A a a a compt. No compt a comp		
Routing Number:	Account Number:		-
Account Type:			
Deposit Amount (chose one):			
Davidable America(Net Back)	llan Anaannat d	D Barrant Amazont	0/
Available Amount(Net Pay) Do	llar Amount \$	Percent Amount	_%
It is understood and agreed that I may terminate or change this agreement at any time by written notification to Human Resources. Any such notification shall be effective after the department receives the notification and any changes will be dependent on the date of receipt and payroll cycles			
Employee Signature:		Date:	
HR Use Only: Pre Note Date 1: Pre No	te Date 2:	Pre Note Date 3:	