

**If Armstrong Ditz is processing your payroll for Direct Deposit
Please complete this form
EMPLOYEE DIRECT DEPOSIT INFORMATION**

Employee Name: _____
Employee Address: _____

Email Address: _____
Social Security Number: _____

Primary Account

Name of Bank _____
Bank Routing Number _____
Account Number _____
Checking OR Savings (Circle One) Please attach a voided check from your account.

Secondary Account (if needed)

Name of Bank _____
Bank Routing Number _____
Account Number _____
Amount per Pay Period \$ _____
Checking OR Savings (Circle One) Please attach a deposit ticket from your account.

I authorize Armstrong Ditz & Associates CPAs to initiate electronic transfer of funds into my account shown.

Signature of Employee