

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

Employee Name: _____

Employee 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 (company name) _____ to initiate
electronic transfer of funds into my bank account shown.

Signature of Employee