



DIRECT DEPOSIT - Sign-Up Form

ELECTIVE

Complete form and return to Human Resources

Please attach a voided check

Memo

•• 012345678 •• 12345678 •• 0101

Routing/Transit #

Checking Acct #

Check #

Employee Name _____ Dept _____

BANK ACCOUNT INFORMATION:

#1. Bank Name _____
 Checking Savings
 Transit Number _____
 Account Number _____
 I wish to deposit: \$ _____ or Entire Net Amount

#2. Bank Name _____
 Checking Savings
 Transit Number _____
 Account Number _____
 I wish to deposit: \$ _____ or Remaining Net Amount

#3. Bank Name _____
 Checking Savings
 Transit Number _____
 Account Number _____
 I wish to deposit: \$ _____ or Remaining Net Amount

Important! Please read and sign: