

**Direct Deposit**

Please fill out the information below and sign to accept the option of having your check Directly Deposited into your Checking or savings account.

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Social Security # \_\_\_\_\_

**Bank Information on Account**

Account type \_\_\_\_\_

\_\_\_\_\_

routing #

account #

Name of bank \_\_\_\_\_

Please send a deposit slip or a cancelled check with to expedite the process. It will take one or two pay periods to take effect.

I would like my paycheck directly deposited into the above listed account.

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Signature

Date