



EMPLOYEE DIRECT DEPOSIT SETUP

EMP. ID#: _____

COMPANY: _____

NAME: _____

ADDRESS: _____

CITY/ST/ZIP: _____

ATTACH A COPY OF A VOIDED CHECK FOR EACH ACCOUNT:

	NAME ON ACCT	ABA Routing #	ACCOUNT #	Checking (C) or Saving (S)	DED AMT?	AMT/ PCT
1						
2						
3						
4						
5						

EMPLOYEES REQUESTING DIRECT DEPOSIT MUST SIGN BELOW:

I hereby authorize my employer to make payment of any amount(s) owing to me by initiating credit entries to my bank account(s) specified above, and, if necessary, debit entries and adjustments for any credit entries in error to my account(s) listed above.

Employee Signature