

DIRECT DEPOSIT OF PAYROLL

Employee Name (please print) _____

Account #1 (Payroll Direct Deposit) (Leave blank if no change from current)

Bank Name _____

Account Number _____ Checking _____ Savings _____

ABA Routing Number _____

Account #2 (Optional)

Bank Name _____

Deposit Amount \$ _____

Account Number _____ Checking _____ Savings _____

ABA Routing Number _____

Account #3 (Optional)

Bank Name _____

Deposit Amount \$ _____

Account Number _____ Checking _____ Savings _____

ABA Routing Number _____

Account #4 (Optional)

Bank Name _____

Deposit Amount \$ _____

Account Number _____ Checking _____ Savings _____

ABA Routing Number _____

Employee Signature _____

Date _____

**PLEASE ATTACH A COPY OF A CHECK OR ANOTHER VERIFICATION
OF ACCOUNT NUMBER. THANK YOU.**