



# DIRECT DEPOSIT FORM

I (Employee Named Below), hereby certify that the information entered on this form is accurate to the best of my knowledge. Failure to provide the correct information can result in legal action.

## Direct DEPOSIT INFORMATION

Legal NAME: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN #: \_\_\_\_\_ (REQUIRED)

BANK: \_\_\_\_\_

RRROUTING #: \_\_\_\_\_

ACCOUNT #: \_\_\_\_\_

PAYROLL PROCESSING FOR CT ABA SERVICE LLC BY:

