

Employee Direct Deposit Bank Account Initiation/Change Form

This form is to be used for employees new to direct deposit. This form may also be used for employees changing the account to which their paycheck is deposited.

Employee Instructions:

Complete the employee required information section.
Complete the Direct Deposit sections to specify where you want your pay deposited.
Sign and date the bottom of the form.
Retain a copy of this form for your records. Return original to your employer.

Employee – Please print

Employee Name _____

Social Security No. ____ / ____ / ____

- New Account
- or
- Change Account

Account Information

I would like my wages/salary deposited to the following bank:

Bank Name _____

Account# _____

Routing# _____

- Checking
- or
- Savings

Please attach one of the following for verification of bank routing number and account number:

- Voided Check
- or
- Bank letter which includes your name, bank routing number and account number

Employee Signature _____

Date ____ / ____ / ____

***Please contact Payroll 10 days prior to the pay date with any bank account changes to ensure accurate processing.**