

# Employee Information for Direct Deposit

PLEASE PRINT AND COMPLETE ALL INFORMATION BELOW

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Account #: \_\_\_\_\_

9-Digit Routing #: \_\_\_\_\_

Type of Account: ☐ Checking ☐ Savings (Check One)

Amount To Be Deposited: ☐ 100% NET PAY ☐ Indicated Percent \_\_\_\_\_ % ☐ Indicated Dollar Amount \$ \_\_\_\_\_

*Please attach a voided check for bank account to which funds should be deposited.*

FHCA is hereby authorized to directly deposit my pay to the account listed above.

This authorization will remain in effect until I modify or cancel it in writing.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

FOR OFFICE USE ONLY

DATE RECEIVED: \_\_\_\_\_

COMMENTS:

---

---

---