Payroll Information Form

Name:			Phone Number:	
Address:				
Email Address (Requ	uired for EVV): _			
Please check all tha	t apply:			
 Web Entry Allows Member/Employe □ Direct Deposit* - 0 □ Paper Check - no 	ows you to send to s you to submit per will need to ha Complete below direct deposit, m	ayroll hours usin ve an email and sections. You m ail check ve their pay dir	ner information securely. g our Web Entry Portal, bo agree to utilize Web Entry. ay also include a Voided Ch ectly deposited in their ac	eck.
Name of Bank:				
Action to be taken:	□New Deposit	Authorization	□Change from previou	s authorization
Type of Account:	\square Checking	□Savings	Amount:	%
Account #:				
*For Multiple Accoun Name of Bank:	ts:			
Action to be taken:	□New Deposit	Authorization	☐Change from previou	s authorization
Type of Account:	\Box Checking	□Savings	Amount:	%
Account #:				
9-Digit Routing #: _				
LKiChoice, a division of L	ori Knapp Richland include my signati	d, Inc., is authorize	d to directly deposit my pay to norization will remain in effect	o the account(s) identifie
Changes to your payroli profile. Please call to vo	= -	=	eek to be processed and take anged.	effect on your employed
Employee Signature	:		Date:	

