



DIRECT DEPOSIT ENROLLMENT FORM

EMPLOYEE INFORMATION

Name: _____

Address: _____

Phone: _____

NET DEPOSIT

Bank: _____

	<u>Routing Transit #</u>	<u>Bank Account #</u>
Checking: <input type="checkbox"/>	_____	_____
Savings: <input type="checkbox"/>	_____	_____

PARTIAL DEPOSIT

Bank: _____

	<u>Routing Transit #</u>	<u>Bank Account #</u>
Checking: <input type="checkbox"/>	_____	_____
Savings: <input type="checkbox"/>	_____	_____

Partial Amount: _____

Employee Signature: _____ Date: _____

Please staple voided check to this completed form and send to the Payroll Department