



PAYROLL DIRECT DEPOSIT SETUP/CHANGE

Date: _____

Employee Name: _____

Account Name: _____

Account Type: **Checking** _____

Savings _____

Bank Routing #: _____
 (ABA #)

Account Number: _____

I authorize my net payroll amount to be direct deposited to the account detailed above.

Signature

Date

(Note - To verify the above information, please attach a deposit slip or voided check which shows the correct bank routing #)