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Bank Details Form

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking
☐

Savings
☐

Bank Address _____

State Account
Opened _____

Signature

Primary Account Holder Name: _____ SSN: _____

Authorized Signature (Primary): _____ Date: _____

Joint Account Holder Name: _____ SSN: _____

Authorized Signature (Joint): _____ Date: _____

Please attach a voided check or deposit slip and return this form to the Payroll Department.