

INFORMATION REQUIRED BY BANK FOR ELECTRONIC PAYROLL DIRECT DEPOSIT

Please provide the following information for no more than two banks
to provide electronic payroll direct deposits:

Employee Name: _____

Bank Name: _____

Bank Address: _____

Bank Phone Number: _____

Type of Account (Check one): Checking _____ Savings _____

Deposit Entire Check In This Account (Check One): Yes _____ No _____

Dollar Amount (If not entire check): _____

Routing Number: _____

Account Number: _____

Bank Name: _____

Bank Address: _____

Bank Phone Number: _____

Type of Account (Check one) Checking _____ Savings _____

Remainder Of Check Not Deposited In The Above Account

Routing Number: _____

Account Number: _____

Employee Signature: _____

Date: _____

**A "COPY" OF A CHECK IS REQUIRED TO VERIFY ROUTING AND
ACCOUNT NUMBERS FOR CHECKING ACCOUNTS-DEPOSIT SLIPS LACK
THE REQUIRED INFORMATION AND ARE NOT A VALID SUBSTITUTE**