

First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Please attach a voided check to this form to ensure delivery of your payroll funds to the correct account.

If you cannot attach a voided check please enter your routing and account number below.

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Please review that the above information is listed correctly, if you are satisfied with this information, please sign below. Your direct deposit will not begin unless your signature is on this form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*If at any time you wish to change this information, please complete a new form and submit to our office no later than seven (7) days before your next pay date.