



Employee Direct Deposit Form

First Name: _____

Last Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Deposit Information:	\$ or %	Routing Number	Account Number	Bank Name
_____ Checking _____ Savings	_____	_____	_____	_____
_____ Checking _____ Savings	_____	_____	_____	_____
_____ Checking _____ Savings	_____	_____	_____	_____