

***Direct Deposit
Sign-up Form***

ACCOUNT INFORMATION

Name on Checking Account

Bank Name/City/State

Account Number _____ Checking Acct. _____ or Savings Acct. _____

I hereby authorize my employer to deposit payroll to my account listed above. Attached is a voided check for the checking account, and/or a deposit slip for the savings account designated above.

Check the following, as applicable:

____ **I would like to participate in direct deposit**

____ **I DO NOT wish to participate in direct deposit**

Employee Signature

Attach voided check here!!!!