



DIRECT DEPOSIT REQUEST FORM

Employee Name _____

Program _____

Bank or Savings Institution _____

Amount of Bi-Weekly Payroll to be deposited in:

Checking Account _____ **Savings Account** _____

Checking Account # _____

Checking Account ABA/Routing # _____

(Usually a 9 digit # on the bottom left side of the check)

Savings Account # _____

Savings Account ABA/Routing # _____

(Usually a 9 digit # on the bottom left side of the deposit slip)

Signature of Employee _____ **Date** _____

8/15/03

PLEASE ATTACH A VOIDED BLANK CHECK OR DEPOSIT SLIP (For Savings Account Only) BELOW: