

|                   |                         |
|-------------------|-------------------------|
| <b>Name</b>       | <b>SSN</b>              |
| <b>Address</b>    | <b>City, State, Zip</b> |
| <b>Home Phone</b> | <b>Work Phone</b>       |

I hereby request my payroll be directly deposited to the below referenced account(s):

|  |  |
|--|--|
| <b>Name of Financial Institution</b>   | <b>Transit/ABA Number</b>  |
| <b>Account Number</b>  | <b>Account Type</b><br><input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other |
| <b>Amount</b><br><input type="checkbox"/> Total paycheck <input type="checkbox"/> Percentage: % Fixed Amount: \$ |  |

|  |  |
|--|--|
| <b>Name of Financial Institution</b>   | <b>Transit/ABA Number</b>  |
| <b>Account Number</b>  | <b>Account Type</b><br><input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other |
| <b>Amount</b><br><input type="checkbox"/> Total paycheck <input type="checkbox"/> Percentage: % Fixed Amount: \$ |  |

Please verify the Transit/ABA (Routing) number and full account number listed on your check. It may be helpful to contact your financial institution or attach a voided check or voided savings deposit slip.

|   |            |                      |
|---|------------|----------------------|
| Jane A. Doe<br>1000 Main St.<br>Anywhere, USA 10001 | Date _____ | 3680                 |
| PAY TO THE<br>ORDER OF _____                        | \$         | <input type="text"/> |
| MEMO _____  | X _____    | DOLLARS              |
| ⑆ 123456789 ⑆ 11484620040 ⑆ 3680                    |            |                      |

Transit/ABA No.

Account No.

Signature \_\_\_\_\_

Date \_\_\_\_\_