Payroll Direct Deposit Form

(Please print out and fill in all information in ink. Submit to your employer's payroll or human resources department. Keep a copy for your records.)

Your Information	
Name	
Address	
City, State, Zip Code	
Phone Number	

Your Employer's Information	
Name	
Address	
City, State, Zip Code	
Phone Number	
Contact Person	

Your Financial Institution Information	
Name	
Address	
City, State, Zip Code	
Phone Number	
Contact Person	
Institution's Routing Number	
	This number can be found at the bottom of a check from the receiving institution. It is nine digits long and is bracketed by computer symbols that look line vertical lines followed by two dots. You can also get the number from your institution.

Account you wish funds deposited into	
Account Type	___ Checking ___ Savings ___ Other (describe)
Account Number	#
Any Special Instructions	

I authorize_____ (*your employer*) to automatically deposit my net pay into the account(s) listed above at _____ (*your financial institution*). This authorization will remain in effect until I give written notice to change it.

_____ _____

Signature Date