

New Employee Direct Deposit Form

Instructions: Fill out the form and return to your Supervisor.

General Information

Employee Name: _____ Social Security #: _____
Address: _____
City, State, Zip: _____
Employee Email: _____
Home Phone: _____ Mobile Phone: _____
Birth Date: _____ Gender: Female Male

I authorize you and the financial institution listed below to deposit my pay automatically to:

Checking Account:

Deposit Net

Deposit (Specify Dollar Amount) \$ _____

Transit Number (9 Digits) _____

Account Number _____

Savings Account:

Deposit Net

Deposit (Specify Dollar Amount) \$ _____

Transit Number (9 Digits) _____

Account Number _____

Authorization

Employee Signature: _____

Date: _____