Direct Deposit Set-Up Form

Employee Information	n	
Name	Home Phone #	
Address	Cell Phone #	
Account Information		
Routing Number	Account Number 12540	
	Please attach a voided check	
Deposit to:		
☐ Checking		
Employee Agreemen		
I authorize	to automatically deposit my payroll check into my	/
	(including authorization to correct any entries made in error). This nain in effect until I give written notice to cancel it.	
	Employee Signature Date	

