



Direct Deposit Form

New Accounts:

Listed below are the new accounts I would like to have direct deposit to:

- 1) Savings Acct. #: _____ Amount Deposited: \$ _____
Bank Name: _____ Bank Transit #: _____

- 2) Savings Acct. #: _____ Amount Deposited: \$ _____
Bank Name: _____ Bank Transit #: _____

- 3) Checking Acct. #: _____ Amount Deposited: \$ _____
Bank Name: _____ Bank Transit #: _____

- 4) Checking Acct. #: _____ Amount Deposited: \$ _____
Bank Name: _____ Bank Transit #: _____

Please Note: Any new account being established with us will become effective two pay periods after it is processed. Any changes to amounts with existing direct deposit accounts will take effect immediately.

Cancel Accounts:

Listed below are the accounts I currently have and would like to cancel:

- 1) Savings Acct. #: _____ Amount Deposited: \$ _____
Bank Name: _____

- 2) Checking Acct. #: _____ Amount Deposited: \$ _____
Bank Name: _____

Changes to (Increase or Decrease) existing Accounts:

- 1) Savings Acct. #: _____ Amount Deposited: \$ _____
Bank Name: _____

- 2) Checking Acct. #: _____ Amount Deposited: \$ _____
Bank Name: _____

Signature

Date

Name

ID#

Department