



# DIRECT DEPOSIT REQUEST FORM

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

I hereby request that my payroll check be deposited with the following banking institution:

**BANK NAME:** \_\_\_\_\_

**BANK ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**BANK ROUTING #:** \_\_\_\_\_

**CHECKING ACCT#:** \_\_\_\_\_

**OR**

**SAVINGS ACCT#:** \_\_\_\_\_

Please attach a voided check to this form and return to the Human Resources Office. The processing time is approximately 30 days from receipt of this form.