



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#: _____

**A voided check must be attached to this form and returned to the Human Resources Office.
The processing time is approximately 30 days from receipt of this form.**