

# DIRECT DEPOSIT REQUEST FORM

All payments will be directly deposited into the account you designate below.

I authorize you and the financial institution listed below to initiate electronic entries, and if necessary, debit entries and adjustments for any credit entries in error in my bank account listed below each payday.

## Checking Account Information: Please attach a voided check

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Financial Institution

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Name (Please Print)

By checking this box I am electronically signing.

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Branch

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Signature

---

City

State

---

Amount or % to be deposited

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9-Digit Transit Routing Number

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Account Number

## Savings Account Information: Please attach a deposit slip

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Financial Institution

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Name (Please Print)

By checking this box I am electronically signing.

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Branch

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Signature

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City

State

---

Amount or % to be deposited

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9-Digit Transit Routing Number

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Account Number