

# DIRECT DEPOSIT FORM

Please fill out and sign, **attach a voided check(s) or print out from your bank** for verification of all financial institution information and return this form to Human Resources. You may choose up to three financial institutions in which your pay can be direct deposited. --- PLEASE NOTE ALL ACCOUNTS MUST BE REPORTED ON EACH TIME

**Employee Name:** \_\_\_\_\_ **Employee #:** \_\_\_\_\_

I authorize you (EPB) and the financial institution(s) listed below to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my account(s) each pay period. This authority will remain in effect until I have cancelled it in writing.

## ACCOUNT 1

Checking Account      \$ \_\_\_\_\_ Dollar Amount of Pay to Deposit  
**or**  
 Savings Account       Deposit the Full Check Amount

This account is NEW  
 This account information is already on file

\_\_\_\_\_  
**Financial Institution**

\_\_\_\_\_  
**Name on Account**

\_\_\_\_\_  
**Branch**

\_\_\_\_\_  
**City & State**

## ACCOUNT 2

Checking Account      \$ \_\_\_\_\_ Dollar Amount of Pay to Deposit  
**or**  
 Savings Account       Deposit the Remaining Amount

This account is NEW  
 This account information is already on file

\_\_\_\_\_  
**Financial Institution**

\_\_\_\_\_  
**Name on Account**

\_\_\_\_\_  
**Branch**

\_\_\_\_\_  
**City & State**

## ACCOUNT 3

Checking Account      \$ \_\_\_\_\_ Dollar Amount of Pay to Deposit  
**or**  
 Savings Account       Deposit the Remaining Amount

This account is NEW  
 This account information is already on file

\_\_\_\_\_  
**Financial Institution**

\_\_\_\_\_  
**Name on Account**

\_\_\_\_\_  
**Branch**

\_\_\_\_\_  
**City & State**

The corresponding voided check(s) and/or print out(s) from the bank(s) should be attached to this form.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

