



DIRECT DEPOSIT FORM

Date

Employee's Name

Employee's Signature

1. Transit & ABA Number	Checking Account Number	Amount

Name of Banking Institution

Bank Officer's Signature

2. Transit & ABA Number	Savings Account Number	Amount

Name of Banking Institution

Bank Officer's Signature

Note:

If you are depositing the balance of your check in any one of these accounts, please print the word **BALANCE** in the amount box.

DIRECT DEPOSITS ARE SUBJECT TO ERROR CORRECTION WITHOUT NOTICE.