

DIRECT DEPOSIT FORM



To: _____	Date: _____
From-Company: _____	Office Location: _____
Company Rep: _____	Branch: _____

DIRECT DEPOSIT DISCLAIMER:

If you are eligible for and choose to enroll in Direct Deposit we recommend that you verify with your bank or financial institution when your funds would be posted to your account and made available to you. Each bank and financial institution has its own process for funds availability.

DO YOU WANT DIRECT DEPOSIT? YES NO

IF YES, PLEASE ATTACH A VOIDED CHECK TO THIS FORM AND FORWARD TO YOUR BRANCH REPRESENTATIVE FOR PROCESSING.

EMPLOYEE NAME: _____

BANK: _____

BANK TRANSIT NO. _____

ACCOUNT NO. _____

AMOUNT _____

SAVINGS CHECKING

EMPLOYEE NAME: _____

BANK: _____

BANK TRANSIT NO. _____

ACCOUNT NO. _____

AMOUNT _____

SAVINGS CHECKING

- PLEASE NOTE: THIS PROCESS MAY TAKE UP TO 2-3 WEEKS AND WILL NOT DELAY OR HOLD BACK YOUR PAYCHECK.

