



## DIRECT DEPOSIT FORM

\_\_\_\_\_  
Employer Name

\_\_\_\_\_  
Employee Name

Your employee has authorized us to receive direct deposit from you to his/her account here. Please contact us should you require additional information.

Amount: Total Payroll \_\_\_\_\_ OR Set Dollar Amount \$\_\_\_\_\_

Checking \_\_\_\_\_ Savings \_\_\_\_\_

Our Routing Number: 264 279 295

Account Number: \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date