

REQUEST FOR DIRECT DEPOSIT

Name _____ Social Security # _____

Bank Name _____ Bank Transit Routing # _____
(9 Digits)

Account # _____ Savings Account or Checking Account
(circle one)

Please staple a voided or cancelled check to this questionnaire before returning it to the Accounting Department.

NOTE: There is an approximate two (2) week waiting period from the time we receive your information until your direct deposit will be implemented.