

**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.**