

# Direct Deposit Request Form

You may have direct deposit split between three (3) accounts.  
A maximum of two changes will be allowed per calendar year.

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

☐ Initial Authorization

☐ Change in Authorization (briefly explain): \_\_\_\_\_

## DEPOSITORY INSTITUTION #1

Bank/Credit Union Name: \_\_\_\_\_

ABA #: \_\_\_\_\_

Account #: \_\_\_\_\_

Check one: ☐ Net amount OR ☐ \$\_\_\_\_\_ (please specify amount)

Check one: ☐ Savings OR ☐ Checking

**\*\*A VOIDED CHECK OR DEPOSIT SLIP MUST BE ATTACHED\*\***

## DEPOSITORY INSTITUTION #2

Bank/Credit Union Name: \_\_\_\_\_

ABA #: \_\_\_\_\_

Account #: \_\_\_\_\_

Check one: ☐ Net amount OR ☐ \$\_\_\_\_\_ (please specify amount)

Check one: ☐ Savings OR ☐ Checking

**\*\*A VOIDED CHECK OR DEPOSIT SLIP MUST BE ATTACHED\*\***

## DEPOSITORY INSTITUTION #3

Bank/Credit Union Name: \_\_\_\_\_

ABA #: \_\_\_\_\_

Account #: \_\_\_\_\_

Check one: ☐ Net amount OR ☐ \$\_\_\_\_\_ (please specify amount)

Check one: ☐ Savings OR ☐ Checking

**\*\*A VOIDED CHECK OR DEPOSIT SLIP MUST BE ATTACHED\*\***