

DIRECT DEPOSIT CHANGE/TERMINATION FORM

Name: _____ Date: _____

PLEASE PROVIDE A VOIDED CHECK FOR ALL CHECKING ACCOUNTS

circle one: add change terminate

Bank #1	Name _____	Type (circle one)	Savings	Checking
Transit # _____	Account # _____		Amount	Flat or % _____

circle one: add change terminate

Bank #2	Name _____	Type (circle one)	Savings	Checking
Transit # _____	Account # _____		Amount	Flat or % _____

circle one: add change terminate

Bank #3	Name _____	Type (circle one)	Savings	Checking
Transit # _____	Account # _____		Amount	Flat or % _____

circle one: add change terminate

Bank #4	Name _____	Type (circle one)	Savings	Checking
Transit # _____	Account # _____		Amount	Flat or % _____

I understand that this/these transfer(s) may take 2 pay periods to process. Amounts are not deposited until the following paycheck.

I further understand that no deposit will be taken if the paycheck does not have enough funds available to cover the entire deposit and other scheduled deductions.

Employee Signature _____

For Office Use: **Voided Check Received**

Pre-note Date: _____ 1st Deposit Date _____