



DIRECT DEPOSIT REQUEST FORM

EMPLOYEE INFORMATION

ASSOCIATE NAME: _____

ASSOCIATE # _____ STORE: _____

BANK INFORMATION

ACCOUNT (1) Type: **Checking** or **Savings** (circle one)

BANK ROUTING # _____

ACCOUNT # _____

Select Option: 100% _____
Percentage Fixed Amount

ACCOUNT (2) Type: **Checking** or **Savings** (circle one)

BANK ROUTING # _____

ACCOUNT # _____

Balance:

INSTRUCTIONS

- 1) 100% of your paycheck must be deposited. Partial deposits are not acceptable.
- 2) When requesting direct deposit to a single account, please use the account 1 section only. Provide the bank routing number and the account number. Circle the account type and the 100% option.
- 3) When requesting direct deposit to two accounts, please complete both account sections. In account 1, provide the bank routing number, the account number, cross out the 100% option, and choose a fixed dollar amount. In account 2, provide the bank routing number, the account number, and check off the balance box.

REQUIREMENTS

- 1) **Checking Accounts With Checks:** A voided check is required. Name and address must be pre-printed.
* * * **STARTER CHECKS ARE NOT ACCEPTABLE** * * *
- 2) **Checking Accounts Without Checks and Savings Accounts:** A bank form, or letter, is required. All forms and letters must be typed on bank letterhead and include contact information for the bank. They must also include the banks routing number and the employees account number.
* * * **ALL FORMS AND LETTERS MUST BE SIGNED AND DATED** * * *
- 3) If providing a voided check, please tape it over these instructions & requirements. Do Not Staple.

Associate Signature: _____ Date: _____

Please allow up to 4 weeks for direct deposit to go into effect.

FOR OFFICE USE ONLY

SET UP: _____

PRE-NOTE: _____

ACCEPTED: _____