



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

(JBR 07/21)