## **EMPLOYCO**

## **DIRECT DEPOSIT FORM**

Employee Name:		SSN:	
Client Company:			
initiate, if necessary, deb	byco Group, hereafter called COMI it entries and adjustments for any c r called DEPOSITORY, to credit a	redit entries in error to the accoun	nt
Employee Signature:		Date:	
Co-Signature:(for Joint Accounts)		Date:	
Banking Information			
Bank Name:	Ва	ank Phone #: (	
Bank Address:			
Bank Transit (ABA Rout	ing Number) :		_
Checking Account #:		Deposit Amount:	
Savings Account #:		Deposit Amount:	
Where to find your ABA and Account Numbers	Personal info.  Pay to order of  Amount  Memo 012000012 **" 1234561231234" 0001	Date:	
	012000012 **" 1234561231234" 0001 (aba routing #) (account number)		

## Please attach:

- 1. Voided check or copy of a voided check for any/all checking accounts listed above. Please do not attach deposit slips, the account numbers do not always match the numbers listed on the check.
- 2. Please attach a savings account deposit slip for any savings account or bank letter with the necessary information to deposit the money into your appropriate account.

## Please Note:

It is the employee's responsibility to notify COMPANY whenever there is any change in the account information, including any change in the bank routing number, account number, etc. Any change (other than amount) in account information will cause a pre-notification (verification) of account information producing a negotiable check for a two week period.