

**DIRECT DEPOSIT FORM**

**PLEASE PRINT ALL REQUESTED INFORMATION**

**EMPLOYEE NAME** \_\_\_\_\_

**\*\*EMAIL ADDRESS** \_\_\_\_\_

**EMPLOYEE NUMBER** \_\_\_\_\_

**DEPARTMENT** \_\_\_\_\_ **WORKSITE** \_\_\_\_\_

**RESIDENCE ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

**NAME OF FINANCIAL INSTITUTION** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

**ACCOUNT TYPE** \_\_\_\_\_ **NUMBER** \_\_\_\_\_

**ROUTING NUMBER** \_\_\_\_\_

**\*\*INCLUDE A COPY OF A CHECK OR VOIDED CHECK ONLY \*\***

**YOUR PAYROLL STUB WILL BE EMAILED TO THE EMAIL  
ADDRESS LISTED ABOVE**

**I understand that the information provided above is to be kept confidential by the South Central Human Resource Agency and by providing this information will allow me to receive my payroll wages through direct deposit as I have requested.**

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_/\_\_\_/200\_\_\_

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