



**Direct Deposit Enrollment Form**  
**Routing and Transit Number (RTN):** \_\_\_\_\_

Complete and return this form to your employer for immediate processing.

Start  
 Change \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Funds will be deposited into the account below:

Account Type: \_\_\_\_\_

Account Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Type of deposit:  Full Pay  Allotment \$ \_\_\_\_\_

*Employers Only: The additional digit at the end of the account number is required for processing (i.e. 1, 7, 9).*

Employer Name: \_\_\_\_\_

Employer Address 1: \_\_\_\_\_

Employer Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_