## Employee/Retiree Direct Deposit Request Form

ep 1	Last Name, First Name, Middle Initial	Employee Number	
	Last Name, First Name, Middle Initial	Employee Number	
	Street Address		
	City, State, Zip		
tep 2	If you want your entire check electronically deposited into only 1 checking account,		
tep 3	please attach a voided check to this form and go If you have more than one account where yo		onically deposited.
	please complete the appropriate shaded box		community dependent
	Please attach a Voided Check or docume	nt from the financial institut	ion with the routing
	number and account number for each acc		
			Enter fixed dollar amount or percent of
Account #	:		total deposit
Financia		Checking or	
	•		
City/State	·	Savings	
			Enter fixed dollar
Account #			amount or percent of
Financia			total deposit
		Checking or	- 1
	•		
- Croy/ Cuato			
			Enter fixed dollar
Account #			amount or percent of total deposit
Financia			
Institution	·	Checking or	
City/State	· <u>managana mangkatak asalah mangka</u>	Savings	
			Enter fixed dollar amount or percent of
Account #	:		total deposit
Financia	l :	Checking or	
City/State		Savings	
ease sign and date	in front of City of Columbia representative.		
tep 4			
	Employee Signature	Date	
lf you	have any questions, please contact	t the Payroll Office at ex	ct. 7320 or 7335.
or Office Us	e Only:		
l			
nave confir	med the employee's identification _	nitials and Printed Name	Date