



# Direct Deposit Form for UDASD Employees

(To be used for enrollment, changes, and cancellations)

**Section A: Employee Information**

NAME (LAST, FIRST, MI) \_\_\_\_\_

WORK PHONE \_\_\_\_\_

**Section B: Account Type**

	New or Add.	Change Amt or %	Cancel	Name of Financial Institution	Account Number	Amt, %, or Excess
	(X)	(X)	(X)			
Savings <input type="checkbox"/> Checking <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Savings <input type="checkbox"/> Checking <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Savings <input type="checkbox"/> Checking <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

**Section C: This section must be completed by your financial institution for new/additional accounts when directing funds into a savings account or into a checking account if a voided personal check is not attached. The employee's name MUST appear on the account(s).**

NAME OF FINANCIAL INSTITUTION \_\_\_\_\_ Account Type  Savings  Checking

Depositor's Account Number (EFT Format) \_\_\_\_\_ Routing Number \_\_\_\_\_

\_\_\_\_\_

Print Representative's Name                      Signature of Representative                      Date

\_\_\_\_\_

Financial Institution Telephone Number \_\_\_\_\_

\_\_\_\_\_