



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. (X)	Change Amt or % (X)	Cancel (X)	Name of Financial Institution	Account Number	Amt, %, or Excess
Savings Checking						
Savings Checking						
Savings Checking						

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
