



Direct Deposit & Information Change Form

Please complete the appropriate information and submit this change form to the Payroll Office in Brockway Hall. **Please attach a voided check from your checking/savings account.**

Employee Name: _____

Name Change: YES _____ NO _____ (please indicate one)

Employee Department: _____

Date Change Effective: _____

Address Change: _____

City: _____ State: _____ Zip: _____

Phone: _____

Direct Deposit (check which bank and print account number)

Bank Name: _____

Routing #: _____ Check Account #: _____ Amount: \$ _____

Routing #: _____ Savings Account #: _____ Amount: \$ _____

Bank Name: _____

Routing #: _____ Check Account #: _____ Amount: \$ _____

Routing #: _____ Savings Account #: _____ Amount: \$ _____

Stop Direct Deposit: (check which bank and print account number)

Bank Name: _____

Routing #: _____ Check Account #: _____ Amount: \$ _____

Routing #: _____ Savings Account #: _____ Amount: \$ _____

Form must be signed and dated

Signature

Date