



## Employee Direct Deposit Information

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

Employee Name: \_\_\_\_\_

Social Security Number: XXX-XX-\_\_\_\_ (list the last 4 numbers)

Please indicate the type of account:

Checking Account:  for checking; submit **voided check** copy

Savings Account:  for savings; submit deposit slip copy

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

Date: \_\_\_/\_\_\_/\_\_\_

*A clean copy of a voided check (checking) or deposit slip (savings) must be attached to prevent delay of claims processing.*

Place Copy of  
Voided Check Here

**For ON SITE use ONLY:**

Date Received: \_\_\_\_\_ Effective \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_