PAYROLL DIRECT DEPOSIT

DATE: _____

NAME OF EMPLOYEE: _____
LAST FIRST

SOCIAL SECURITY NUMBER: _____

BANK NAME:_____

ACCOUNT #: _____

BANK ABA ROUTING #: _____

AMOUNT/% OF CHECK TO THIS ACCOUNT: $_____

TYPE OF TRANACTION: _____CHECKING _____SAVINGS

EMPLOYER FEIN #: 37-1262645

_____
SIGNATURE OF EMPLOYEE