



**DIRECT DEPOSIT SIGN-UP FORM**

**INSTRUCTIONS**

- Use Only BLUE or Black ink.
- Please complete any and all sections below that apply to you.
- **Fax to (704) 295-3905** Retain a copy of this form for your records.
- For further instructions, see the back of this form.

**PART I TRANSACTION TYPE**

- New setup  Cancellation  Change financial institution  Change account number  Change account type

**PART II PAYEE'S IDENTIFICATION INFORMATION - Required**

Individual or Sole-Proprietor (Name as shown on SSN)

Payee Legal Business Name

OR

ENTER SOCIAL SECURITY NUMBER (SSN):

ENTER FEDERAL EMPLOYERS IDENTIFICATION NUMBER (FEIN):

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**NOTE: Payment will not be processed without accompanying taxpayer I.D. number.**

**PART III FINANCIAL INSTITUTION**

Type of Account (Check One)  Checking  Savings

(Financial Institution Name)

**PLEASE ATTACH VOIDED CHECK HERE**  
(Deposit slips are not accepted)

BANK ROUTING # (ABA#)

ACCOUNT #

**PART IV AUTHORIZATION**

By signing above, I am agreeing that I am either the accountholder or have the authority to authorize my employer to make direct deposits into the name account. (If worker doesn't have authority to authorize deposits to the accountholder's account).

SIGN

HERE

Accountholder's Signature - Required

Designated Representative Signature - Required

Date: / /

**PRIVACY ACT STATEMENT**

The collection of the information you are requested to provide on this form is authorized under 31 CFR 209 and/or 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent.

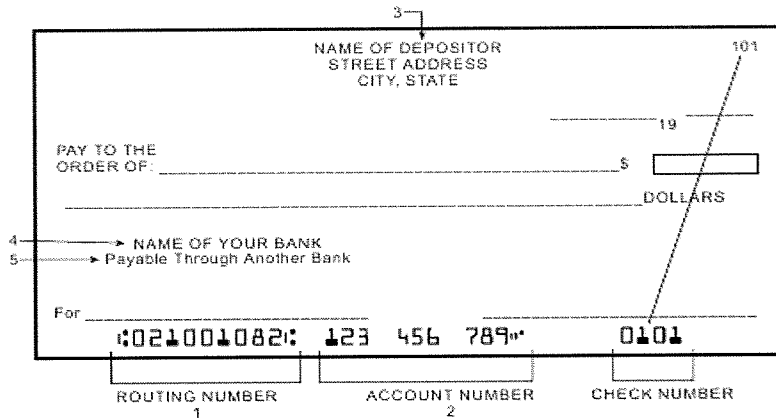
**INSTRUCTIONS FOR PROCESSING AUTHORIZATION**

**PURPOSE**

You may use this form to provide instructions for processing your net salary.

1. PAYEE INFORMATION (always complete this section)
2. TYPE OF ACCOUNT/PAYMENT (Put an "X" in the appropriate space to indicate a checking or savings account and type of payment.)
3. DIRECT DEPOSIT ACCOUNT INFORMATION  
 ROUTING TRANSIT NUMBER (your financial institution's 9-digit routing transit number)  
 ACCOUNT NUMBER (your account number at your financial institution)  
 ACCOUNT TITLE (the depositor's name on the account to which payments are to be directed)  
 FINANCIAL INSTITUTION NAME (the name of the institution to which payments are to be directed)

The Routing Transit Number (RTN) can be obtained from the financial institution or found on the bottom of a check.



1. ROUTING TRANSIT NUMBER - Here you would put "021001082"

2. ACCOUNT NUMBER - Here you would put "123-456-789". Note the use of the dash symbol. ■ ■ ■ (Include dashes where the symbol appears on the check or card.)

3. ACCOUNT TITLE (must include payee name)

4. FINANCIAL INSTITUTION NAME

5. If your check or share draft includes "payable through" under the bank name, contact the financial institution to help obtain the correct Routing Transit Number for Direct Deposit processing.

**4. ALLOTMENT INFORMATION**

**ALLOTMENT TYPE**

SAVINGS (If this option is checked, this will allow the specified allotment to be credited to an account owned by the payee.)

ANY CHANGES TO THE ALLOTMENT INFORMATION FURNISHED ON THIS REQUEST MUST BE MADE USING A NEW AUTHORIZATION FORM.

TYPE OF ACCOUNT (Put an "X" in the appropriate space to indicate a checking or savings account.)

ACTION (Put an "X" in the appropriate space to indicate start/cancel/change.)

ALLOTTEE'S ROUTING NUMBER: Enter person's/company financial institution 9-digit routing transit number.

ALLOTTEE'S ACCOUNT NUMBER: Enter the account number to which the allotment payment will be deposited.

ALLOTTEE'S ACCOUNT NUMBER: Enter account holder's name on the account at the financial institution.

FINANCIAL INSTITUTION NAME: Enter the name of the financial institution to which the payment should be sent.

**5. AUTHORIZATION**

Sign and date the request form after you have carefully read the instructions and Privacy Act Statement.

CHANGES AND CANCELLATIONS - Contact us for instructions.