

## Direct Deposit Form

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

### Employee Information:

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

Social Security: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Employee Bank Information:

Bank Name: \_\_\_\_\_

Account No.: \_\_\_\_\_

Routing No.: \_\_\_\_\_

Type of Account: (please check one)       Checking       Savings

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Paste Voided Check Below and fax to (786) 513-3777 (no cover sheet is necessary):

