

**MANDATORY EMPLOYEE
DIRECT DEPOSIT FORM**

INITIATE DIRECT DEPOSIT _____

CHANGE DIRECT DEPOSIT _____

STOP DIRECT DEPOSIT _____

I HEREBY AUTHORIZE STOCKBRIDGE-MUNSEE COMMUNITY, PINE HILLS, AND LITTLE STAR C STORE TO INITIATE CREDIT ENTRIES TO MY CHECKING AND/OR SAVINGS ACCOUNT AT THE BANK AND/OR CREDIT UNIONS INDICATED BELOW. If more than one account, please attach a separate paper listing the routing number, account number, type of account and the weekly amount for each account.

PLEASE ATTACH A VOIDED CHECK FOR ACCOUNT VERIFICATION.

EMPLOYEE'S NAME: _____

BANK NAME: _____

BANK ROUTING NUMBER: _____

BANK ACCOUNT NUMBER: _____

E-MAIL ADDRESS: _____

TYPE OF ACCOUNT:

CHECKING: _____

SAVINGS: _____

Amount weekly if more than one account: _____

EMPLOYEE'S SIGNATURE

DATE

OFFICE USE ONLY: _____
DATE PRENOTED: _____
DATE DEPOSITED: _____
DATE CHANGES WERE MADE: _____