

# I.M.P.A.C.T. Direct Deposit Form

## Employee Instructions:

1. Complete the "EMPLOYEE - Required Information" section.
2. Complete the Direct Deposit section to specify where you want your pay deposited.
3. Sign the bottom of the form.
4. Retain a copy of this form for your records. Return the original to your employer.

## EMPLOYEE – Required Information PLEASE PRINT

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

Social Security Number X X X - X X - \_\_\_\_ \_

## Complete for DIRECT DEPOSIT

I authorize my employer to deposit my wages/salary to the following bank account(s):

Bank Name \_\_\_\_\_ Bank Account #1  Checking  Savings

Transit ABA # \_\_\_\_\_ Account # \_\_\_\_\_

*Amount to be deposited:*

Entire Net Pay OR  Specific Dollar Amount \$ \_\_\_\_\_ .00

Bank Name \_\_\_\_\_ Bank Account # 2  Checking  Savings

Transit ABA # \_\_\_\_\_ Account # \_\_\_\_\_

*Amount to be deposited:*

Entire Net Pay OR  Specific Dollar Amount \$ \_\_\_\_\_ .00

**Your NAME must appear on the check or bank letter. Please attach one of the following (check one):**

**Voided check (deposit slips are not accepted)**

**Bank letter or specification sheet - See your local bank representative.**

**e-mail address to receive instructions to view paystatements:** \_\_\_\_\_

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

By signing above, I am agreeing that I am either the accountholder or have the authority of the accountholder to authorize my employer to make direct deposits into the named account.