Direct Deposit/Pay Distribution Form
You may also use C2HR to establish direct deposit.

Social Security Number (or Employee ID Number)

Last Name ____________ First Name ____________ M.I. ____________

Daytime Phone Number __________________________

I would like my paycheck/direct deposit advice:

☐ Delivered to my department  ☐ Mailed to my home  ☐ Not Printed (I will 'go paperless' and view my pay information on C2HR)

Direct deposit:

☐ Yes, I want direct deposit (complete section below)  ☐ No  ☐ Cancel my existing direct deposit

Direct Deposit Options
You may direct deposit your pay in up to three accounts (checking or savings). Please check the appropriate box for the type of account and complete the information about your bank. You must allow at least one pay period for your direct deposit to become effective.

Account #1
☐ Checking (For all checking account direct deposit requests, a preprinted, voided check (not a “starter” check) must be attached to this form.)
☐ Savings (For all savings account direct deposit requests, a savings deposit slip must be attached to this form.)

Bank Name __________________________
Bank Transit Number __________________________
Account Number __________________________

For Account #1, please deposit:

☐ ________ % of my pay into this account
☐ $_________ dollars of my pay into this account

Account #2
☐ Checking (For all checking account direct deposit requests, a preprinted, voided check (not a “starter” check) must be attached to this form.)
☐ Savings (For all savings account direct deposit requests, a savings deposit slip must be attached to this form.)

Bank Name __________________________
Bank Transit Number __________________________
Account Number __________________________

For Account #2, please deposit:

☐ ________ % of my pay into this account
☐ $_________ dollars of my pay into this account
☐ remaining net pay into this account

Account #3
☐ Checking (For all checking account direct deposit requests, a preprinted, voided check (not a “starter” check) must be attached to this form.)
☐ Savings (For all savings account direct deposit requests, a savings deposit slip must be attached to this form.)

Bank Name __________________________
Bank Transit Number __________________________
Account Number __________________________

For Account #3, please deposit:

☐ ________ % of my pay into this account
☐ $_________ dollars of my pay into this account
☐ remaining net pay into this account

Employee Signature __________________________

Date __________________________