

# DIRECT DEPOSIT SET-UP/CHANGE FORM



## A. REQUEST TYPE

PLEASE PRINT IN BLACK INK ONLY

New                      Change                      Discontinue (skip box C)

## B. REQUIRED EMPLOYEE INFORMATION

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

Last four digits of your Social Security Number \_\_\_\_\_

## C. REQUIRED BANKING INFORMATION FOR DIRECT DEPOSIT

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Account Information	Account Type	Deposit Type (amount of net pay)
Bank Name: _____ Routing Number: _____ Account Number: _____	Checking Savings	Remainder of Net Pay _____ % of Net Pay Exactly Amount \$ _____
Bank Name: _____ Routing Number: _____ Account Number: _____	Checking Savings	Remainder of Net Pay _____ % of Net Pay Exactly Amount \$ _____

## D. EMPLOYEE CONFIRMATION AGREEMENT

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I authorize GrassRoots Environmental, Inc. to deposit my wages into the bank account(s) specified above. My signature below indicates that I am agreeing that I am either the accountholder or have the authority of the accountholder to authorize direct deposits into the named account(s).

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

Accountholder Signature \_\_\_\_\_  
(if other than employee)

This form must be submitted at least 5 days prior to the end of the pay period in order to be effective for the next pay date. Direct deposit requests received less than 5 days prior to the end of the pay period may not be effective until the following pay date.

Retain a copy of this form for your records and return the original to the business manager for processing.