

DIRECT DEPOSIT FORM

Minute Men HR

Employee Instructions:

- 1.) Complete form with a copy of a voided check(s) attached. Use a separate page for additional accounts or to affix additional voided checks.
- 2.) Return completed form to your company's payroll manager.

Employer Instructions:

- 1.) Verify form is completed, signed, and includes your company name and customer number.
- 2.) Return completed form to your Minute Men HR payroll representative or fax to (216) 426-2244.

General Information

Employer Name / Customer Number:
Employee Name:
Social Security, DOB, or Employee Number:

Checking Account Information

Name of Bank	Account # 1	Account #2
Account #		
Routing / ABA #		
Amount \$ or Percentage %		

Savings Account Information

Name of Bank	Account # 1	Account #2
Account #		
Routing / ABA #		
Amount \$ or Percentage %		

I, _____, hereby give my employer named above and Minute Men HR permission to initiate credit entries and debit entries and/or adjustments (if necessary) for any credit entries in error to my account(s) listed above.

Employee Signature:

Date:

attach VOIDED CHECK here
(a deposit slip will not provide accurate information)