DIRECT DEPOSIT APPLICATION

PLEASE PRINT A	LL INFORMATION:				
NAME					
			IAY DISTRIBUTE YOU OT HAVE TO BE WITH	JR CHECK BETWEEN I THE SAME BANKING	
EMAIL ADDRESS	S				
ONE OF THE FO	<mark>LLOWING: VOIDE</mark>	D CHECK, COPY OF		ACCOUNTS. ATTACH OR A COPY OF THE JNT.	
include numbers wh	hich cannot be used for	direct deposit purposes.	If your financial instituti	count number as they may on has recently merged ng and account numbers.	
BANK NAME	TYPE OF ACCT CHK/SAV	BANK ROUTING NUMBER	ACCOUNT NO.	AMOUNT TO DEPOSIT	
THE DANK DOLL	CINIC NILIMBED IS HE	WIALL V THE EIDET N	NE DIGITS THAT APP	EAD AT THE	
		CALLY STARTS WITH		EAR AT THE	
PAYCEHCK, HOW	VEVER AT LEAST O BALANCE OF YOUR	NE ACCOUNT <u>HAS TO</u>	RS OR AS A PERCENT O BE EXPRESSED AS ount #1 – 50.00, Account	A PERCENTAGE	
NEW/CHANGE A	PPLICATIONS WILL	BE ACCEPTED ON A	N ON-GOING BASIS.		
SIGNATURE OF EMPLOYEE			DATE		