

COUNTY OF YOLO DIRECT DEPOSIT REQUEST FORM

Submit Form to
Human Resources,
Courier #60

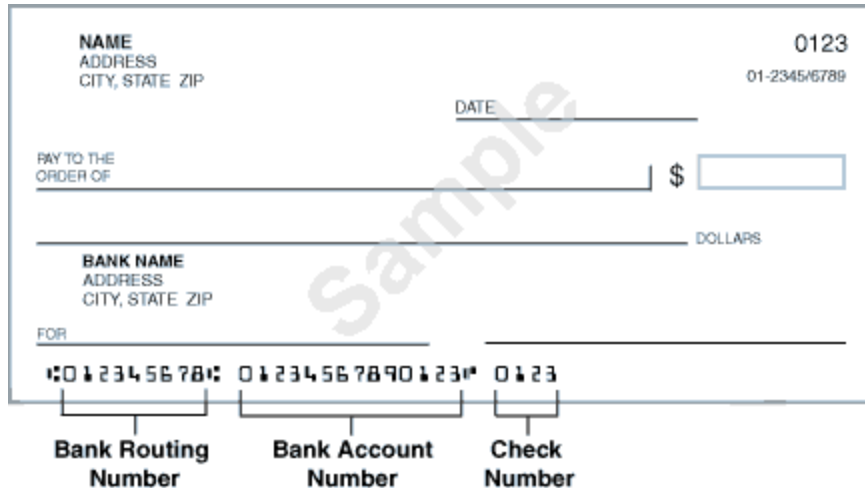
DATE	DEPARTMENT	ACTION	<input type="checkbox"/> START DIRECT DEPOSIT <input type="checkbox"/> STOP DIRECT DEPOSIT <small>Check both to stop direct deposit to one account and start to another</small>
EMPLOYEE'S NAME (LAST NAME FOLLOWED BY A COMMA, FIRST NAME, MIDDLE)			SOCIAL SECURITY NUMBER

CURRENT ADDRESS (STREET, CITY, STATE, ZIP CODE)		
MAILING ADDRESS (IF DIFFERENT THAN CURRENT ADDRESS)		
HOME PHONE (INCLUDE AREA CODE)	WORK PHONE (INCLUDE AREA CODE)	OTHER PERSONAL PHONE

DEPOSIT MY PAYCHECK DIRECTLY TO MY BANK ACCOUNT

CHECKING ACCOUNT (ATTACH A PREPRINTED VOIDED CHECK – SEE SAMPLE BELOW; or ATTACH THE DIRECT DEPOSIT REQUEST FORM PROVIDED BY YOUR FINANCIAL INSTITUTION)

SAVINGS ACCOUNT – BANK ROUTING # _____ ACCOUNT # _____



APPROVALS

HUMAN RESOURCES	DATE	EMPLOYEE	DATE
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