

## Voided Check Submission Form

Please complete this form to set up or change your direct deposit. Print the completed document and attach your voided check in the designated area below.

### Employee Information

Employee Full Name:

Employee ID Number:

Phone Number:

### Bank Account Information

Bank Name:

9-Digit Routing Number:

Account Number:

Account Type (Checking or Savings):

### Voided Check Attachment Area

Attach your voided check here. Do not cover the routing or account numbers on the check.

[ PLACE VOIDED CHECK HERE ]

### Authorization and Signature

I hereby authorize the employer to deposit my net pay directly into the account specified above.

Employee Signature:

Date: