

ALLENHURST Employee Direct Deposit Enrollment Form

Please write clearly, failure to provide clear information may delay the processing of your payroll information.

Employee Name:	Date Completed:
Position:	

**To begin your direct deposit, please complete the following section and sign below.
A voided check from the requested account must also be attached.**

Bank Account Information	
Bank Name/City/State:	
Routing Number:	
Account Number:	
Type of Account (checking or savings):	
Employee Signature:	Date:
Payroll Update Completed By:	Date: