

**STOCKBRIDGE-MUNSEE COMMUNITY
DIRECT DEPOSIT FORM**

Date of Request: _____

Employee Name: _____ **Employee Number:** _____

CHOOSE ONE:

- Initiate Direct Deposit
- Change Direct Deposit
- Stop Direct Deposit

TYPE OF ACCOUNT:

AMOUNT PER WEEK:

ACCOUNT #:

- | | | |
|-----------------------------------|----------|-------|
| <input type="checkbox"/> Checking | \$ _____ | _____ |
| <input type="checkbox"/> Savings | \$ _____ | _____ |

ACCOUNT INFORMATION:

Bank Name: _____

Bank Address: _____

Bank Routing Number: _____

Please complete this form for each bank/credit union being utilized.

I hereby authorize (Check all that apply)

- Stockbridge-Munsee Community
- Little Star Convenience Store

to initiate credit entries to my checking and/or savings account at the bank and/or credit union indicated above.

Employee Signature

Date

Please return this form with a copy of a canceled check to the Payroll Department.