

Direct Deposit Form for Village of Malone Employees
(To be used for enrollment, changes, and cancellations)

Employee Name: _____

Mailing Address: _____

Last 4 of SSN: _____ Phone Number: _____

Employee Signature: _____ Date: _____

Any new Direct Deposit account or change to an account number requires at least 1 pay period before going into effect. You will receive a live check for the first pay date after submitting this form. All new Direct Deposit accounts or changes submitted will be pre-noted prior to a live direct deposit into your account(s).

Attach a voided check (not a deposit slip) or backup from your bank with the Routing number and Account number. If this information is not submitted, this form will NOT be processed. The employee's name MUST appear on the account(s) below.

In signing this form, I authorize my salary payment to be sent to the designated financial institution(s) to be deposited into the specified account(s).

ADD OR ADDITIONAL _____ **Change** _____ **Cancel** _____

Checking _____ Savings _____ 100% _____ Other % _____ Flat \$ Amount _____

Name of Financial Institution: _____

Account #: _____ Routing #: _____

ADD _____ **Change** _____ **Cancel** _____

Checking _____ Savings _____ 100% _____ Other % _____ Flat \$ Amount _____

Name of Financial Institution: _____

Account #: _____ Routing #: _____

***This form is a legal document and cannot be altered by the Village or Employee. If there are any changes, the employee must complete a new form. For more than two (2) accounts, please use an additional form as necessary.**