

Direct Deposit Request Form

Massage Department Resource

Please fill out the below information as soon as possible in order to have direct deposit. Also, please attach a voided check to this form. If you do not want direct deposit, please write a short note at the bottom of this page and return it to me.

Thanks!

For Direct Deposit Use Only

1. Name: _____

Bank: _____

Routing Number: _____

Account Number: _____

Checking Savings Other

I wish to deposit \$ _____ Or entire Net amount

2. Name: _____

Bank: _____

Routing Number: _____

Account Number: _____

Checking Savings Other

I wish to deposit \$ _____ Or entire Net amount