



EMPLOYEE DIRECT DEPOSIT ENROLLMENT FORM

Company Code: QS6

Employee Name: _____ File # _____

Employee Signature: _____ Date: _____

Consumer Name: _____ Dept # _____

Please check appropriate box or boxes below and fill in all information requested.

You may choose any of the combinations below; however, you can only have **one** "net pay" account.

Please attach a voided check for checking accounts and/or a bank's direct deposit form for savings accounts.

(Your name and address must be pre-printed on the check)

FIXED DOLLAR AMOUNT TO SAVINGS ACCOUNT

Bank Name: _____

Bank Routing Number: _____

Account Number: _____

Amount to be deposited: _____

FIXED DOLLAR AMOUNT TO CHECKING ACCOUNT

Bank Name: _____

Bank Routing Number: _____

Account Number: _____

NET PAY TO SAVINGS ACCOUNT

Bank Name: _____

Bank Routing Number: _____

Account Number: _____

Amount to be deposited: _____

NET PAY TO CHECKING ACCOUNT

Bank Name: _____

Bank Routing Number: _____

Account Number: _____