Direct Deposit Enrollment/Change Form

This form needs to be completed if you wish to add the direct deposit feature to your account.

*=Required Fields

*Employer Name (Do not abbreviate)

*Participant Name (First, MI, Last)

*Employee ID

*Social Security Number

*I am (circle one) beginning / canceling / changing a direct deposit account.

*Account Type (circle one):   Checking / Savings

*Routing Number