

EMPLOYEE'S ACCOUNT NUMBERS FOR DIRECT DEPOSIT OF PAYCHECK

Client Code: _____

Company Name Mecklenburg County Council, BSA

Employee # _____ (company fills out)

Employee Name _____

Please check the 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 from the account you want your payroll check to be deposited to. If a savings account is requested, attach a deposit slip and call your bank to get the routing number for that account.**

THIS FORM MUST BE RETURNED BY : _____

FIXED DOLLAR amount to CHECKING account:

Bank name: _____
Bank routing #: _____
Account #: _____

FIXED DOLLAR amount to SAVINGS account:

Bank name: _____
Bank routing #: _____
Account #: _____

NET PAY amount to CHECKING account:

Bank name: _____
Bank routing #: _____
Account #: _____

NET PAY amount to SAVINGS account:

Bank name: _____
Bank routing #: _____
Account #: _____
