

COMPLETE FOR DIRECT DEPOSIT ONLY

PARTICIPANT DIRECT DEPOSIT INITIATION/CHANGE FORM

Date_____

Participant Name_____

Address_____

Contact Telephone Number_____

Required Documentation for each account:

Voided Check for each checking account Routing Number_____

Bank letter or specification sheet for all other accounts (see your local bank representative)

Please check one:

_____ New /Additional Account _____ Change Account

You may split your earnings between your Savings or Checking account, pls specify amount.

Bank Name	Type of Account Specify Checking or Savings	Amount	Account Number