

# NESD Head Start Direct Deposit Enrollment Form

I hereby request the following action for payroll deduction or direct deposit to my financial institution. The request shall be effective, and remain in effect until such time as I become ineligible or notify in writing to cancel.

<b>EMPLOYEE NAME</b>	Last	First	Middle

<b>ADDRESS</b>	Street	City	State	Zip Code

<b>SOCIAL SECURITY NUMBER</b>									
			-			-			

<b>FINANCIAL INSTITUTION</b>	City	State	Zip Code

<b>ROUTING TRANSIT NUMBER</b>									

<b>ACCOUNT NUMBER</b>									

Type	(Check)	Percent	Dollar Amount or (Net Check)
CHECKING	<input type="checkbox"/>		
SAVINGS	<input type="checkbox"/>		
401K	<input type="checkbox"/>		
OTHER	<input type="checkbox"/>		

<b>SIGNATURE</b>	<b>DATE</b>