DIRECT DEPOSIT FORM



Employee ID	
Employee First Name	Last Name
Department	Social Security Number
Accounts may be checking, savings, or any other account	with a valid routing number. If you choose only one account, 100% of your net
pay will be deposited into that account. Bank Name Primary	Primary Account Type
Percentage or Dollar Amount - Primary	
Routing Number - Primary	Account Number - Primary
Bank Name Secondary	Secondary Account Type (if chosen)
	Cocondary Account Type (in chooser)
Percentage or Dollar Amount - Secondary	
Routing Number - Secondary	Account Number - Secondary
initiate entries, either debit or credit, which are necessary t	ate credit entries to the account number and bank indicated above and to for corrections. This authority is to remain in full force until CMWD has such a time and manner to afford CMWD a reasonable opportunity to act on it.
Signature	Date
Instructions for Employee:	
1) Attach a voided check for all checking accounts listed. If letterhead can be accepted in lieu of a voided check.	f a voided check is not available, a verification letter from the bank on bank
	Employer ONLY
	Entered in Incode: