REQUEST FOR

Employee's Signature __

PAYROLL DIRECT DEPOSIT

& PAYROLL **DEDUCTION**



LIFESIMPLIFIED*

ABA/Routing Number:

Employee Name	South	n Carolina Federal Account Num	ber	
Employer	Social	Security Number		
Payment Schedule Weekly	☐ Bi-weekly ☐ Monthly ☐ Other			
PAYROLL DIRECT DEPOSIT ¹		CHECK SAMPLE		
would like my direct dep	posit started changed stopped	PAY TO THE ORDER OF		
	s payroll office to send my entire net pay (remaining ther deductions by my employer) to my South Carolina ted below:	мемо		
Savings account numb	per (including suffix) ²	:253278401:		1
Checking account nur	nber (MICR number)³			
Other account number	er (including suffix)	ABA/Routing Number	Account Number	Check Numbe
	duction started changed stopped			.1. C
would like my payroll de authorize my employer' Federal account(s) as ind that my employer's payro		making changes to thescan begin.	se amounts. I u	
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¹Please consult your employer's payroll office to determine if they require use of their own proprietary direct deposit form in the first payroll direct deposit. ²Your savings account number is located on your savings account card. ³If you do not have a check, your checking account card will also have your MICR number.

Date