## ACTION PAYROLL SERVICE, INC 580 WATERTOWN AVENUE P.O. BOX 2307 WATERBURY, CT 06722-2307 (203) 597-8321 FAX (1 - 866) 258 - 4164

## EMPLOYEE DIRECT DEPOSIT ENROLLMENT FORM

Date:				
Company Name:				
Employee Name:				
S.S. Number:				
Employee Signature:				
Account Information:				
Make sure to indicate what	kind of accoun	t you would like your	funds to b	e deposited into.
1) Bank Name:				
Routing/Transit #		Account #		
□Checking □Saving	s <u></u> Other	I wish to deposit <u>s</u>	\$or	%
2) Bank Name:				
Routing/Transit #		Account #		
$\Box$ Checking $\Box$ Saving	s <u></u> Other	I wish to deposit	\$or	%

Please attach a voided check if you are depositing into your checking account. If you are depositing into a savings account please provide the routing/transit number on the account.