ADDITIONAL DIRECT DEPOSIT FORM

NAME: _____   DATE: _____

Select one:

☐ **Additional Direct Deposit, every available pay date**
(direct deposit on every pay date that I have net pay)

☐ **Summer Savings Option**
(additional direct deposit on the 20 summer savings pay dates only)

1st pay in September

through

1st pay in June

$__ __ __.__ __   **Bi-Weekly Amount**   (Summer Savers may use our calculator to help figure out how much to save each pay period.)

FINANCIAL INSTITUTION NAME: _____

Your additional direct deposit will be satisfied first; your original direct deposit will be your net after the additional direct deposit.

FINANCIAL INST. ROUTING #:
(9 digits)   ____ ____ ____ ____ ____ ____ ____ ____ ____

ACCOUNT TYPE: Savings   or   Checking
                   Please circle one

Office Use Only	
_____	Payroll
_____	AP
_____	Business Manager
_____	HR

ACCOUNT #: _____

SIGNATURE: _____

Summer savings additional direct deposits will run on the 20 summer savings pay dates.
All other additional direct deposits will begin at the next pay date possible, depending on when the form is received in the Business Office.

** Attach a voided check or other financial institution document with your financial institution routing number and your account number.