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| **STATE OF ALABAMA** |
| *Department of Youth Services* |
|  |
| **Direct Deposit Request** |
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| The State of Alabama is requested to send my periodic employee payroll payments to the bank or financial institution listed below. |
|  |       |
| Name of bank or financial institution |
| 1. JOINT ACCOUNT HOLDER(s) of any joint signer(s) authorized for this account |
|  |        |
|  | Name(s) of any joint signer(s) authorized for this account. (Print or type names, or specify “None”) |
|  |
|  | Signature(s) of joint account holder(s) |
|  |
| 2. | I agree for the State to send payments due me directly to the above named financial institution. |
|   |       |
|  | Type/Print name as shown on employee payroll records |
|  |  |  |     -    -      |
| Signature of Employee | Social Security Number |
|  |       |  |       |
| Employee Mailing Address | (City, State, Zip) |
|  |
|  | (   )    -      |  | (   )    -      |  | (   )    -      |
|  | Work Telephone |  | Home Telephone |  | Cell Phone |
| **PLEASE ATTACH A VOIDED CHECK FOR THIS ACCOUNT Or ask your bank official to fill in the information below** |
| **Account Type:** | [ ]  | **Savings or** | [ ]  | **Checking (1 box only)** |
| **Accounting Numbers:** |       |  |
|  **Banking Routing Numbers:** |       |  |
|  |  |  |
|  | Banking Official’s Signature |  |

If you have any questions, please contact the Personnel Office at (334) 215-3815