

# Direct Deposit Amendment

Date: \_\_\_\_\_

To: Payroll Department

From: \_\_\_\_\_

This form is to be used if you are currently on Direct Deposit in one position and are being paid under an additional title, and your banking information is the same.

Please add my new assignment to my existing Direct Deposit record.

Please Print:

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

SSN: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Title: \_\_\_\_\_

Previous Title: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Please indicate the distribution of the stub:

I will pick it up  Send to \_\_\_\_\_ Dept.

Sign: \_\_\_\_\_

Date: \_\_\_\_\_

Please return this document to the Payroll Department, room 1501 East.

If you have any questions, please call Ms. Angie E. Rivera at ext. 4324.