A VOIDED CHECK OR DEPOSIT SLIP MUST BE ATTACHED TO THIS FORM!

ABC-4-11-23
Revised 1/2010

Direct Deposit Request

ABC BOARD

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: _____

Account Type: ☐ Checking ☐ Savings Account Number: _____

Bank Routing Number: _____

Employee Verification
Each payroll payment is to be credited to my account, as indicated on the attached deposit slip or voided check, at the financial institution specified herein and such payment will be in full payment, satisfaction, and discharge of the amount then falling due and payable to me on account of such employment.

If my death shall occur prior to the due date of any payment which shall have been made by you in compliance with this request or if adjustments are required for any credit entries to my account, I authorize you to make the necessary debit entries to my account. I hereby reserve the right to revoke or cancel this request, such revocation or cancellation to take effect within thirty (30) days of receipt of written notice by the State.

Joint Account Holder Certification
I agree to notify the State immediately of the death of the recipient of employee payroll being deposited to this joint account, and I will return all payments to the State that are deposited to this account after said death. The State is authorized to make any necessary debit entries to this joint account for any credits that were made in error.

A copy of my deposit slip or voided check for this account is attached.

1. I (We) have read and understand the JOINT ACCOUNT HOLDER STATEMENT above.

_____ ☐ None

Name(s) of any joint signer(s) authorized for this account. (Print or type names of specify "None").

2. I have read the agreements as stated above and agree to the terms contained therein for the State to send payments due me directly to the above named financial institution.

_____ _____

Type or Print Employee's Name as it appears on Payroll Records | Employee's Department of Agency

_____ _____

Employee's Signature | Employee's Social Security Number

_____ Employee's Home Phone: _____

Employee's Home Mailing Address

_____ AL _____ Employee's Work Phone: _____

City | State | Zip Code

Print Form