

PINNACLEHEALTH SYSTEM
DIRECT DEPOSIT FORM

Please complete the following information to establish or change your Direct Deposit accounts. You may enter as many accounts as you wish; attach additional forms as necessary. Please attach a voided check or savings deposit slip from each of the financial institutions for the accounts listed below.

Employee Name: _____ Employee ID #: _____
Social Security # _____
Phone #: home _____ work _____

PRIMARY ACCOUNT INFORMATION

Distribution Information:

Bank Name: _____

Bank ID #: _____

Account Type

- Checking _____
- Statement Savings ____

Account #: _____

Deposit Type:

- All _____
- Specify \$ amount _____
- Or choose a % amount _____

NEW _____

CHANGE _____

CANCEL ____

Distribution Information:

Bank Name: _____

Bank ID #: _____

Account Type

- Checking _____
- Statement Savings ____

Account #: _____

Deposit Type:

- All _____
- Specify \$ amount _____
- Or choose a % amount _____

NEW _____

ADDITIONAL ACCT ____

CHANGE _____

CANCEL ____

Distribution Information:

Bank Name: _____

Bank ID #: _____

Account Type

- Checking _____
- Statement Savings ____

Account #: _____

Deposit Type:

- All _____
- Specify \$ amount _____
- Or choose a % amount _____

NEW _____

ADDITIONAL ACCT ____

CHANGE _____

CANCEL ____

I authorize Pinnacle Health System to deposit my bi-weekly pay to the account(s) and depository as indicated above.

Signature: _____ Date: _____