



Destination DC – 901 7<sup>th</sup> Street, NW – 4<sup>th</sup> Floor, Washington, DC 20001-3719

### DIRECT DEPOSIT FORM

Employees may distribute their paycheck in up to three separate bank accounts. This form provides the instructions on informing payroll of that intent. Please ensure that the information listed is accurate and complete, the length of time this requires to take effect depends on pre-noting and payroll submission.

#### PERSONAL INFORMATION

(please print)

EMPLOYEE NAME	SOCIAL SECURITY NUMBER	DATE:
DIRECT DEPOSIT <input type="radio"/> YES (complete remainder of form) <input type="radio"/> NO	EMPLOYEE ID (if known)	COMMENTS:

#### AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS

I hereby authorize the Washington, DC Convention and Tourism Corporation to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below.

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

ABA Number \_\_\_\_\_ Account Number \_\_\_\_\_

Amount \$ \_\_\_\_\_

Checking \_\_\_\_\_ Savings \_\_\_\_\_ Remainder: Yes \_\_\_\_\_ No \_\_\_\_\_

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

ABA Number \_\_\_\_\_ Account Number \_\_\_\_\_

Amount \$ \_\_\_\_\_

Checking \_\_\_\_\_ Savings \_\_\_\_\_ Remainder: Yes \_\_\_\_\_ No \_\_\_\_\_

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

ABA Number \_\_\_\_\_ Account Number \_\_\_\_\_

Amount \$ \_\_\_\_\_

Checking \_\_\_\_\_ Savings \_\_\_\_\_ Remainder: Yes \_\_\_\_\_ No \_\_\_\_\_

This authority is to remain in full force and effect until either party is notified in writing of its termination.

Employee Signature \_\_\_\_\_

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

**Form Instructions:** Please provide the following information for each account.

- 1) Complete the name of the bank, 9 digit ABA Number (precedes account number on check), account number, and amount you would like deposited.
- 2) Attach a cancelled check for verification.
- 3) One bank account must be identified to receive any excess in your paycheck. For example, you may specify \$100.00 to your savings account and the remaining balance to your checking account. Please indicate which account should contain the remaining balance.
- 4) Print your name, sign, date the form and return it to Accounting.