



mployee Name			Social Security Number
	Attac	ch a VOIDED check to this form	
1	Savings Checking	Bank Name Account Number ABA/Routing # (9 digits)	
		\$ Amount or %	
2 Activate Cancel Change	☐ Savings ☐ Checking	Bank Name Account Number ABA/Routing # (9 digits) \$ Amount or %	
3	Savings Checking	Bank Name Account Number	
☐ Change		ABA/Routing # (9 digits) \$ Amount or %	
linnesota Law (Minn. Simployees who are paid			t to require direct deposit for all Date
	Return this o	completed form to the Business	s Office.
Attach voided check here			