

City of Defiance

DIRECT DEPOSIT INFORMATION FORM

Complete the following AND attach a VOIDED check or DEPOSIT SLIP.
Sign and date this form.

Employee Name: _____

Department: _____

Employee Social Security #: _____

Bank Name: _____

ABA / Routing #: _____

Account #: _____

Checking \$ _____ Savings \$ _____
(Please put amount in appropriate account type)

Bank Name: _____

ABA / Routing #: _____

Account #: _____

Checking \$ _____ Savings \$ _____
(Please put amount in appropriate account type)

Bank Name: _____

ABA / Routing #: _____

Account #: _____

Checking \$ _____ Savings \$ _____
(Please put amount in appropriate account type)

Employee Signature: _____

Date: _____

EMAIL Address: _____