

# DIRECT DEPOSIT SIGN-UP FORM

To enroll in direct deposit, either complete the below Section 1 or attach a voided check to Section 2.

The Direct Deposit process may take up to 2 payroll cycles before taking effect.

### SECTION 1 TO BE COMPLETED BY EMPLOYEE

<b>A NAME OF EMPLOYEE</b> <i>(last, first, middle initial)</i> <hr/> <b>ADDRESS</b> <i>(street, route, P.O. Box, APO/FPO)</i> <hr/> <b>CITY</b> <b>STATE</b> <b>ZIP CODE</b>	<b>D DEPOSITOR ACCOUNT NUMBER</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <hr/> <b>E DEPOSITOR ROUTING NUMBER</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <hr/> <b>PAYEE/JOINT PAYEE CERTIFICATION</b> I certify that I am entitled to the payment identified above, and that I have read and understood this form. In signing this form I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.
<b>B TYPE OF DEPOSITOR ACCOUNT</b> <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <hr/> <b>C THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (if applicable)</b> <b>TYPE</b> <b>AMOUNT</b>	

### SECTION 2 ATTACHED A VOIDED CHECK

Attach a voided copy of your check here.

<b>SIGNATURE</b>	<b>DATE</b>

**Your signature authorizes the State of Montana to set up Direct Deposit on your behalf.  
If you have any questions, please contact DNRC payroll at (406) 444-6743**