



Creative Care Childcare Centers

Payroll Direct Deposit

Employee Name: _____

Effective Date: _____

*******Please attach a voided check or a savings deposit slip*******

I.

Account Type: Checking _____ Savings _____

Bank Routing Number: _____

Account Number: _____

Amount: \$ _____

(If none specified, the full check will be deposited)

II.

Account Type: Checking _____ Savings _____

Bank Routing Number: _____

Account Number: _____

Amount: \$ _____

Employee Signature: _____ Date: _____