

**STATE OF ALABAMA
DIRECT DEPOSIT REQUEST**

The State of Alabama is requested to electronically transfer my salary to the bank or financial institution listed below.

Attach a copy of the Employee's voided check or deposit slip.

Name of Financial Institution: _____

Account Type: Checking (or) Savings (Check 1 box only)

Account Number: _____

Bank Routing Number: _____

Type/Print Employee's Name as on Payroll Records.

Employee's Social Security Number

Employee's HOME Mailing Address (Street)

City, State, and Zip Code of Employee's Home Mailing Address

Employee's Department or Agency

Employee's Home Telephone Number

Work Telephone Number

Signature of Employee

Date