PERS-06

ADMINISTRATIVE OFFICE OF COURTS

STATE OF ALABAMA
DIRECT DEPOSIT REQUEST

(Use file: "Save as" to save a copy of form to your computer)

**The State of Alabama is requested to electronically transfer.
my salary to the financial institution(s) listed below.**

Type/Print Employee's Name _____

Employee's Social Security # _____ Employee ID # _____
(Employee ID # can be found on actual pay warrant)

Employee's HOME Mailing Address (Street) _____

City, State, and Zip Code _____

Employee's Department or Agency_____

Employee's Home Telephone Number _____ Work Number _____

(BANK #1)

Name of Financial Institution _____
Account Number _____ Routing Number _____
Account Type: Checking ☐ Savings ☐ Amount to Deposit $_____
(Check only checking or savings account above)

(BANK #2)

Name of Financial Institution _____
Account Number _____ Routing Number _____
Account Type: Checking ☐ Savings ☐ Amount to Deposit $_____
(Check only checking or savings account above)

Signature of Employee: _____
Date: _____

Revision Date: December 12, 2024